R-12-32
50-10501
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50-10501
Registered No.

1. NAME OF DECEASED (Type or Print): JOSEPH RESTUCCIA
2. DATE OF DEATH: Dec. 7, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Johns Hopkins Hospital
Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: New Jersey
B. COUNTY: Essex
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Newark
D. STREET ADDRESS (If rural, give location): 297 South 18th St.

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: June 1898
9. AGE (In years last birthday): 52 — If Under 1 Year: Months, Days — If Under 24 Hours: Hours, Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Sheet Metal Worker
10B. KIND OF BUSINESS OR INDUSTRY: Steel Mill
11. BIRTHPLACE (State or foreign country): Italy
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Sabatino
14. MOTHER'S MAIDEN NAME: Catherine Restuccia
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT — ADDRESS

MEDICAL CERTIFICATION

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

18. I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) 420.1 and 533.7
(A) Coronary occlusion
DUE TO
ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B)
DUE TO
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Extraction of teeth

19A. DATE OF OPERATION: Dec. 7, 1950
19B. MAJOR FINDINGS OF OPERATION: Extraction of teeth
20. AUTOPSY? YES [X] NO [ ]

21A. EXTERNAL CAUSE WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH.
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* Autopsy (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* [X], *accident* [ ], *suicide* [ ], *homicide* [ ], *undetermined* [ ].

23A. SIGNATURE: William V. Scott M.D.
23B. CHIEF MEDICAL EXAMINER [ ] ASSISTANT MEDICAL EXAMINER [X] MEDICAL INVESTIGATOR [ ]
23C. DATE SIGNED: Dec. 8, 1950

24A. BURIAL, CREMATION, REMOVAL (Specify): Removal
24B. DATE: Dec-8-50
24C. NAME OF CEMETERY OR CREMATORY: Holy Cross Cemetery
24D. LOCATION (City, town, or county) (State): North Arlington N. J.

DATE RECEIVED BY LOCAL REGISTRAR: DEC 8 - 1950
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Earl B. Wolverton
ADDRESS: 403 E. 25th St.

VS 151

59134

MARGIN RESERVED FOR BINDING

PLEASE WRITE IN WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

C-620

50-10502

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 50-10502

1. NAME OF DECEASED (Type or Print): Katie Chaires

2. DATE OF DEATH: 12-8-50

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Agnes Hosp
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY: Kent
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township):
D. STREET ADDRESS (If rural, give location): Rock Hall Md. 6400

5. SEX: F.
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH:
9. AGE (In years last birthday): 64 — If Under 1 Year: Months Days — If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): —
10B. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: Philiam Dickerson
14. MOTHER'S MAIDEN NAME: Mary Sheppard

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): —
(If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: —

17. INFORMANT: Albert Chaires — ADDRESS: Same

MEDICAL CERTIFICATION

18. 170X

CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Primary Ca of Left Breast c̄ mediastinal + axillary node — INTERVAL BETWEEN ONSET AND DEATH: 11-16-50

DUE TO

(B) metatasis + adhesions — 12-8-50

DUE TO

(C) Pericarditis c̄ Effusion

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, ferm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 11-16, 1950, *to* 12-8, 1950 *that I last saw the deceased alive on* 12-8, 1950 *and that death occurred at* 6 15 a m., *from the causes and on the date stated above.*

23A. SIGNATURE: A. R. Sosnowski M. D.
23B. ADDRESS: St. Agnes Hosp.
23C. DATE SIGNED: 12-8-50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12/11/50
24C. NAME OF CEMETERY OR CREMATORY: Wesley Cople
24D. LOCATION (City, town, or county) (State): Rock Hall, Kent Co. Md.

DATE RECEIVED BY LOCAL REGISTRAR: DEC 8 - 1950
REGISTRAR'S SIGNATURE: Phoebe W. Williams, M.
25. FUNERAL DIRECTOR: E. F. Lane
ADDRESS: Church Hill, Md.

VS 150

50

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VV 324

50-10503

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 50-10503

BIRTH NO.

1. NAME OF DECEASED (Type or Print): MOLLIE WEITZEL

2. DATE OF DEATH: Dec. 6, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 3015 The Alameda
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 3015 The Alameda

9-06

5. SEX: female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): single
8. DATE OF BIRTH: Apr. 6, 1859
9. AGE (In years last birthday): 91
If Under 1 Year: Months: Days
If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Martin Weitzel
14. MOTHER'S MAIDEN NAME: Elizabeth Horst

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): none
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT: Mrs. W. R. Pohler
ADDRESS: 3015 The Alameda

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Generalized Arteriosclerosis

DUE TO

(B) Senility

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* August, 1950, *to* December, 1950, *that I last saw the deceased alive on* December 5, 1950, *and that death occurred at* 10 A m., *from the causes and on the date stated above.*

23A. SIGNATURE: Roy M. Zimmerman M. D.
23B. ADDRESS: 2858 Sanford Rd.
23C. DATE SIGNED: Dec. 8, 1950

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12/9/50
24C. NAME OF CEMETERY OR CREMATORY: Balto. Cem.
24D. LOCATION (City, town, or county) (State): Balto., Md.

DATE RECEIVED BY LOCAL REGISTRAR: DEC 8 1950
REGISTRAR'S SIGNATURE: [illegible]
25. FUNERAL DIRECTOR: Wm. J. Tickner & Son
ADDRESS: Balto Md.

VS 150

97

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

R-360

50-10504

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 50-10504

1. NAME OF DECEASED (Type or Print): BEULAH S. REUTHER

2. DATE OF DEATH: DEC 7, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland — OSL. 3
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): THE JOHNS HOPKINS HOSPITAL
33
C. Length of stay in Baltimore — Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BALTIMORE 2-02
D. STREET ADDRESS (If rural, give location): 1837 E. LOMBARD St.

5. SEX: FEMALE
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: 6-15-07
9. AGE (In years last birthday): 43 — If Under 1 Year: Months, Days; If Under 24 Hours: Hours, Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10B. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): MD.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: William BENNETT
14. MOTHER'S MAIDEN NAME: DORA LEE
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): no
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: THE JOHNS HOPKINS HOSPITAL — ADDRESS

MEDICAL CERTIFICATION

18. 331X

CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral Vascular Accident — INTERVAL BETWEEN ONSET AND DEATH

DUE TO

ANTECEDENT CAUSES

(B) Hypertension — 32 years

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 11-7, 1950, *to* 12-7, 1950, *that I last saw the deceased alive on* 12-7, 1950, *and that death occurred at* 6.35 a.m., *from the causes and on the date stated above.*

23A. SIGNATURE: P. S. Langford, M. D.
23B. ADDRESS: THE JOHNS HOPKINS HOSPITAL
23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12/11/50
24C. NAME OF CEMETERY OR CREMATORY: Lorraine
24D. LOCATION (City, town, or county) (State): Woodlawn, Md.

DATE RECEIVED BY LOCAL REGISTRAR: DEC 8-1950
REGISTRAR'S SIGNATURE: [illegible]
25. FUNERAL DIRECTOR: Wm. J. Vickers & Sons
ADDRESS: 83a Balto Md.

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

B-123

50-10505

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X Registered No. 50-10505

BIRTH NO. 50-26492

1. NAME OF DECEASED (Type or Print): Baby Helen Bopst

2. DATE OF DEATH: 12/6/50

3. PLACE OF DEATH
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Agnes - Caton & Wilkens
C. Length of stay in Baltimore: Yrs. / Mos. / Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Baltimore
B. COUNTY: Md. HOWARD
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore MARRIOTTSVILLE
D. STREET ADDRESS (If rural, give location): 6300

5. SEX: Male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: 12/6/50
9. AGE (In years last birthday): If Under 1 Year: Months / Days; If Under 24 Hours: Hours 5 / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10B. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George Jr.
14. MOTHER'S MAIDEN NAME: Helen M. Payne

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: George E Bopst Jr.
ADDRESS: Rural

MEDICAL CERTIFICATION

18. 760.0

I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Subdural hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 5 hours

DUE TO

(B) Transverse presentation c̄ prolapsed arm

DUE TO

(C) multiparity

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Internal Podalic Version c̄ Breech Extraction

19A. DATE OF OPERATION: 12-6-50
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 2:30 PM 12-6 1950 *to* 7:30 PM 12-6 1950, *that I last saw the deceased alive on* 12-6, 1950, *and that death occurred at* 7:30 p m., *from the causes and on the date stated above.*

23A. SIGNATURE: John J Fisher M. D.
23B. ADDRESS: St Agnes Hosp.
23C. DATE SIGNED: 12/8/50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12-8-1950
24C. NAME OF CEMETERY OR CREMATORY: Springfield
24D. LOCATION (City, town, or county) (State): Sykesville Md

DATE RECEIVED BY LOCAL REGISTRAR: DEC 8-1950
REGISTRAR'S SIGNATURE: [illegible]
25. FUNERAL DIRECTOR: J. C. Hagenbuch
ADDRESS: Ellicott City Md

VS 150

160a

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Ei 1700

M 1625
50-10506

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 50-10506

1. NAME OF DECEASED (Type or Print): EDWARD NELSON MORGAN

2. DATE OF DEATH: December 7, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland University Hosp
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): University Hospital
C. Length of stay in Baltimore: 15 → Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 2200 Kirk Avenue

9-08

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: June 18-1907
9. AGE (in years last birthday): 43
If Under 1 Year: Months | Days
If Under 24 Hours: Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Capt - Tug Boat
10B. KIND OF BUSINESS OR INDUSTRY: Md. Drydock
11. BIRTHPLACE (State or foreign country): Matthews Co - Va
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Carter Morgan
14. MOTHER'S MAIDEN NAME: May Saw Morgan

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Marie M. Morgan
ADDRESS: 2200 Kirk Ave

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) 422.1

(A) Arteriosclerotic cardiovascular disease

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* Inspection & Inquiry (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☒, *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

23A. SIGNATURE: Stanley K. Dunlache M.D.
23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR ☐
23C. DATE SIGNED: Dec. 8, 1950

24A. BURIAL, CREMATION, REMOVAL (Specify)
24B. DATE: Dec 10-1950
24C. NAME OF CEMETERY OR CREMATORY: Matthews
24D. LOCATION (City, town, or county) (State): Matthews Co: Va

DATE RECEIVED BY LOCAL REGISTRAR: DEC 8-1950
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Ellsworth Dunacost
ADDRESS: 93D

VS 151

240 55 5118 Sturgis Oak Ave

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

S-315

50-10507

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50-10507

Registered No.

1. NAME OF DECEASED (Type or Print): ANDREW STEFAN

2. DATE OF DEATH: 12-6-50.

3. PLACE OF DEATH:
A. Baltimore City, Maryland 3912 HAMILTON AV.
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)
C. Length of stay in Baltimore: LIFE Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MD.
B. COUNTY
C. CITY OR TOWN (If outside corporate limits write RURAL and give township): BALTIMORE 26-09
D. STREET ADDRESS (If rural, give location): 702 S. EATON ST.

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): SINGLE
8. DATE OF BIRTH: SEPT. 1, 1890
9. AGE (In years last birthday): 60 — If Under 1 Year: Months: Days — If Under 24 Hours: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): STALL KEEPER
10B. KIND OF BUSINESS OR INDUSTRY: BROADWAY MKT.
11. BIRTHPLACE (State or foreign country): BALTIMORE, MD.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: ANDREW STEFAN
14. MOTHER'S MAIDEN NAME: ELIZABETH FIRKO
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) — (If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: —
17. INFORMANT: MRS. WM. BEATY — ADDRESS: 3912 HAMILTON AV

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Toxic Absorption — INTERVAL BETWEEN ONSET AND DEATH: 2 days

DUE TO

ANTECEDENT CAUSES

(B) Carcinoma of Gall Bladder — 6 months

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: July 26, 1950
19B. MAJOR FINDINGS OF OPERATION: Ca of Gall Bladder
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec. 5, 1950, *to* Dec. 6, 1950, *that I last saw the deceased alive on* Dec 5, 1950, *and that death occurred at* 2:40 A m., *from the causes and on the date stated above.*

23A. SIGNATURE: Michael J. Dorsch M. D.
23B. ADDRESS: 4636 Belair Road
23C. DATE SIGNED: 12/6/50

24A. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: 12-9-50
24C. NAME OF CEMETERY OR CREMATORY: SACRED HEART CEM.
24D. LOCATION (City, town, or county) (State): 4701 GERMAN HILL RD.

DATE RECEIVED BY LOCAL REGISTRAR: DEC 8-1950
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Charles S. Zeiler — ADDRESS: 901 S. CONKLING ST.

VS 150

2906A

46F

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

H-553

50-10508

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50-10508

Registered No.

1. NAME OF DECEASED (Type or Print): Catherine Hammonds

2. DATE OF DEATH: December 7, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1529 Eutaw Place
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 1529 Eutaw Place

14-01

5. SEX: female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: Nov. 4, 1873
9. AGE (In years last birthday): 77 — If Under 1 Year: Months, Days — If Under 24 Hours: Hours, Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10B. KIND OF BUSINESS OR INDUSTRY: own home
11. BIRTHPLACE (State or foreign country): Kentucky
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Arron Pension
14. MOTHER'S MAIDEN NAME: Maria Hall
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Elizabeth Johnson — ADDRESS: 1529 Eutaw Place

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Arteriosclerotic Cardio-Vascular Disease — INTERVAL BETWEEN ONSET AND DEATH: 4 yrs.

DUE TO

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C)

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov 17, 1949 *to* Dec. 7, 1950, *that I last saw the deceased alive on* 12-7, 1950 *and that death occurred at* 10 p. m., *from the causes and on the date stated above.*

23A. SIGNATURE: C. Flynn M.D. M. D.
23B. ADDRESS: 11 E. Chase St
23C. DATE SIGNED: 12-8-50

24A. BURIAL, CREMATION, REMOVAL (Specify): removal
24B. DATE: 12/8/50
24C. NAME OF CEMETERY OR CREMATORY: Elizabethton
24D. LOCATION (City, town, or county) (State): Elizabethton, Tennessee

DATE RECEIVED BY LOCAL REGISTRAR: DEC 8 - 1950
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Wm. Cook, Inc.
ADDRESS: 1217 St. Paul Street

VS 150

931

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 236

50-10509

BIRTH NO. 50-22519

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 50-10509

1. NAME OF DECEASED (Type or Print): Shirley Foster (Infant)

2. DATE OF DEATH: Dec 6, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): University Hospital
C. Length of stay in Baltimore: Yrs. Mos. 5 wks Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Balto. 4-02
D. STREET ADDRESS (If rural, give location): 756 Waesche St. Waesche

5. SEX: Female
6. COLOR OR RACE: C
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: Oct 11-50
9. AGE (In years last birthday):
If Under 1 Year: Months: 2 Days: 25
If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Balto, Md
12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Ward Foster
14. MOTHER'S MAIDEN NAME: Lottie Jennings

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown):
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Lottie Foster
ADDRESS: 752 Waesche St

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

754.4

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Congenital Heart Disease

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Prematurity

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov 27, 1950, *to* Dec 6, 1950, *that I last saw the deceased alive on* Dec 6, 1950 *and that death occurred at* 2:30 P.m., *from the causes and on the date stated above.*

23A. SIGNATURE: Raymond Bradshaw, Jr. M. D.
23B. ADDRESS: University Hospital, Balto, Md
23C. DATE SIGNED: Dec 7, 1950

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12-7-50
24C. NAME OF CEMETERY OR CREMATORY: Int. Calvary
24D. LOCATION (City, town, or county) (State): Balto. Md

DATE RECEIVED BY LOCAL REGISTRAR: DEC 8 - 1950
REGISTRAR'S SIGNATURE: Winston Williams, M.D.
25. FUNERAL DIRECTOR: Walter B. Spriggs
ADDRESS: 139 W. Hamley St

VS 150

157E

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

W-630

BIRTH NO. 50-10510

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 50-10510

1. NAME OF DECEASED (Type or Print): Medicus Ward.

2. DATE OF DEATH: December 5, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 719 W. Fairmount Ave
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 4-02
D. STREET ADDRESS (If rural, give location): 719 W. Fairmount Ave.

5. SEX: male
6. COLOR OR RACE: C
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: April 27, 1905
9. AGE (In years last birthday): 45
If Under 1 Year: Months / Days
If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Labor
10B. KIND OF BUSINESS OR INDUSTRY: Washington, D.C. Roofing Co. CONSTRUCTION
11. BIRTHPLACE (State or foreign country): Durham, N.C.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Granison Ward.
14. MOTHER'S MAIDEN NAME: ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Mrs. Marie L. Ward. ADDRESS: 719 W. Fairmount Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Carcinomatosis — INTERVAL BETWEEN ONSET AND DEATH: several months

DUE TO

ANTECEDENT CAUSES

(B) Carcinoma of gall bladder — about 1 yr.

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec. 1, 1950 *to* Dec 7, 1950 *that I last saw the deceased alive on* Dec 1, 1950, *and that death occurred at* 3:15 P. m., *from the causes and on the date stated above.*

23A. SIGNATURE: Abram Goldman M. D.
23B. ADDRESS: 206 S. Gilmor St
23C. DATE SIGNED: 12/7/50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12-10-1950
24C. NAME OF CEMETERY OR CREMATORY: Arbutus Memorial
24D. LOCATION (City, town, or county) (State): Arbutus Md.

DATE RECEIVED BY LOCAL REGISTRAR: DEC 8 1950
REGISTRAR'S SIGNATURE: [illegible]
25. FUNERAL DIRECTOR: Wm. Patrick Williams
ADDRESS: 322 N. Schroeder St.

97024

46F

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

322 n Schroeder
Bi 2039

M-560

50-10511

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 50-10511

1. NAME OF DECEASED (Type or Print): LEO MINOR

2. DATE OF DEATH: December 6, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mercy Hospital
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 20-01
D. STREET ADDRESS (If rural, give location): 1925 Loretta Avenue Lauretta

5. SEX: male
6. COLOR OR RACE: C
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married.
8. DATE OF BIRTH: January 18, 1892
9. AGE (In years last birthday): 58
If Under 1 Year: Months: Days
If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Waiter
10B. KIND OF BUSINESS OR INDUSTRY: Restaurant
11. BIRTHPLACE (State or foreign country): Charles Co., Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Jerry Minor.
14. MOTHER'S MAIDEN NAME: France Short.

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.

17. INFORMANT: Mrs. Jennie Minor.
ADDRESS: 1925 Lauretta Ave

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Hypertensive cardiovascular disease

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* Insp. & Inquiry (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from:* natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE: William V. Lovette M.D.
23B. CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
MEDICAL INVESTIGATOR ☐
23C. DATE SIGNED: 12-7-50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12-11-1950
24C. NAME OF CEMETERY OR CREMATORY: Saint Peters Cem.
24D. LOCATION (City, town, or county) (State): Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR: DEC 8-1950
REGISTRAR'S SIGNATURE
27. FUNERAL DIRECTOR: Mrs. Katie R. Williams N. Schroeder
ADDRESS: 322

VS 151

784 6M 931

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

D-522

50-10512

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50-10512

Registered No.

1. NAME OF DECEASED (Type or Print): Anna Doenges (ANNA DOENGES)

2. DATE OF DEATH: 12-6-50

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Lutheran Hosp. of Maryland
C. Length of stay in Baltimore: Life (Yrs. Mos. Days) 46

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BALTIMORE 9-0b.
D. STREET ADDRESS (If rural, give location): 2721 Hugo Ave #15

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widow
8. DATE OF BIRTH: Feb 14, ~~1876~~ 1875
9. AGE (In years last birthday): ~~74~~ 75
If Under 1 Year: Months: Days
If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housework
10B. KIND OF BUSINESS OR INDUSTRY: at home
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Henry Schaefer
14. MOTHER'S MAIDEN NAME: Denna Ruth

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT: Mrs. Johnetta Booze ADDRESS: 2721 Hugo Avenue

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 7 days

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Hypertensive Cardiovascular Disease

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

443X

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 11-30-50, 19__, *to* 12-6-50, 19__, *that I last saw the deceased alive on* 12-6-50, 19__, *and that death occurred at* 5:20 P m., *from the causes and on the date stated above.*

23A. SIGNATURE: Harold Lawrence Daly Jr. M. D.
23B. ADDRESS: Lutheran Hosp. of Maryland
23C. DATE SIGNED: 12-6-50

24A. BURIAL, CREMATION, REMOVAL (Specify): burial
24B. DATE: 12/9/50
24C. NAME OF CEMETERY OR CREMATORY: Baltimore Cemetery
24D. LOCATION (City, town, or county) (State): Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR: DEC 8 1950
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: HENRY SANDER & SONS, INC. BALTO., 131 MD.
ADDRESS: Geo. H. Sander

93D

MARGIN RESERVED FOR BINDING

PLEASE WRITE CLEARLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

B-400
50-10513

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50-10513

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): JOHN E. BAILEY

2. DATE OF DEATH: 12/7/50

3. PLACE OF DEATH:
A. Baltimore City, Maryland — OSLER II
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): THE JOHNS HOPKINS HOSPITAL
C. Length of stay in Baltimore: Life (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BALTIMORE 4-05
D. STREET ADDRESS (If rural, give location): 615 N. BETHEL ST.

5. SEX: MALE
6. COLOR OR RACE: COLORED
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED
8. DATE OF BIRTH: 1876
9. AGE (In years last birthday): 74 — If Under 1 Year: Months, Days — If Under 24 Hours: Hours, Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10B. KIND OF BUSINESS OR INDUSTRY: On Grounds
11. BIRTHPLACE (State or foreign country): Baltimore
12. CITIZEN OF WHAT COUNTRY?: U.S.A.
13. FATHER'S NAME: unknown
14. MOTHER'S MAIDEN NAME: Lillian Kelly
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: THE JOHNS HOPKINS HOSPITAL — ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Carcinomatosis — INTERVAL BETWEEN ONSET AND DEATH: 3± yrs

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Adenocarcinoma of the

DUE TO

(C) stomach.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Severe dehydration & anemia

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/6, 1950, to 12/7, 1950, that I last saw the deceased alive on 12/7, 1950, and that death occurred at 2.40 a.m., from the causes and on the date stated above.

23A. SIGNATURE: Thomas J. Walsh, M. D.
23B. ADDRESS: THE JOHNS HOPKINS HOSPITAL
23C. DATE SIGNED: 12-7-50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12-9-50
24C. NAME OF CEMETERY OR CREMATORY: Mt Calvary Cem.
24D. LOCATION (City, town, or county) (State): Brooklyn Md

DATE RECEIVED BY LOCAL REGISTRAR: DEC 8 1950
REGISTRAR'S SIGNATURE: [illegible] Williams, M.D.
25. FUNERAL DIRECTOR: Elroy O. Wilson — ADDRESS: 1000 Brantley Ave

97099

46 B

MARGIN RESERVED FOR BINDING

PLEASE WRITE HEAVILY, WITH UNFADING INK. Every item of information should be careful supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M 635 50-10514

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50-10514

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): JAMES L. MARTIN

2. DATE OF DEATH: December 4, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Provident Hospital
c. Length of stay in Baltimore: 9 Years (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 15 04
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 2214 N. Monroe Street

5. SEX: Male
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Separated
8. DATE OF BIRTH: 12/6/1900
9. AGE (In years last birthday): 49 — If Under 1 Year: Months / Days — If Under 24 Hours: Hours / Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Roofer
10B. KIND OF BUSINESS OR INDUSTRY: Worth Roofing Co. CONSTRUCTION
11. BIRTHPLACE (State or foreign country): Madane, North Carolina
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Malley Martin
14. MOTHER'S MAIDEN NAME: Mary Langley
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 238-05-4001
17. INFORMANT: Robina Smith, ADDRESS: 200W 113th N.Y.C.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) E840X

(A) Fractured skull

DUE TO

(B) Intracranial hemorrhage

DUE TO

(C)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21A. EXTERNAL CAUSE WAS UNDERLYING [X] OR CONTRIBUTING [ ] CAUSE OF DEATH.
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.): Street
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): North Avenue & Monroe Street 15/4
21D. TIME OF INJURY (Month) (Day) (Year) (Hour): December 4, 1950 1:30 Am.
21E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]
21F. HOW DID INJURY OCCUR? Pedestrian struck by streetcar

22. *I certify that I took charge of the remains described above, held an* Autopsy (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* [ ], *accident* [X], *suicide* [ ], *homicide* [ ], *undetermined* [ ].

23A. SIGNATURE: William Nowell M.D.
23B. CHIEF MEDICAL EXAMINER [ ] ASSISTANT MEDICAL EXAMINER [X] MEDICAL INVESTIGATOR [ ]
23C. DATE SIGNED: 12-4-50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12/11/50
24C. NAME OF CEMETERY OR CREMATORY:
24D. LOCATION (City, town, or county) (State): Liberty, N.C.

DATE RECEIVED BY LOCAL REGISTRAR: DEC 8-1950
REGISTRAR'S SIGNATURE: Mrs. Williams, M.D.
25. FUNERAL DIRECTOR: Charles R. Lee — ADDRESS: 802 Madison

VS 151

N-803.2 581 24 171a

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M-600

50-10515

50-10515

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Hubert J. Meier

2. DATE OF DEATH: Dec. 6, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1444 Cushett
C. Length of stay in Baltimore: 53 Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 24-01
D. STREET ADDRESS (If rural, give location): 1444 Cushett

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: Oct. 30, 1897
9. AGE (In years last birthday): 53 — If Under 1 Year: Months: Days — If Under 24 Hours: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Machinist
10B. KIND OF BUSINESS OR INDUSTRY: Tooling (M)
11. BIRTHPLACE (State or foreign country): Baltimore
12. CITIZEN OF WHAT COUNTRY?: U.S.A.
13. FATHER'S NAME: John Meier
14. MOTHER'S MAIDEN NAME: Frances Oswenski
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): yes (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 215-05-5359
17. INFORMANT: Elizabeth Meier — ADDRESS: 1444 Cushett St 30

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) General Carcinomatosis — INTERVAL BETWEEN ONSET AND DEATH: 6 mos.

DUE TO

ANTECEDENT CAUSES

(B) Gastric Carcinoma

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June 30, 1950, *to* Dec 6, 1950 *that I last saw the deceased alive on* Dec 6, 1950, *and that death occurred at* 4:20 *m., from the causes and on the date stated above.*

23A. SIGNATURE: O. H. Barranco M. D.
23B. ADDRESS: 436 E Fort Ave
23C. DATE SIGNED: 12/7/50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: Dec. 9, 1950
24C. NAME OF CEMETERY OR CREMATORY: Holy Cross S.C.C. Co
24D. LOCATION (City, town, or county) (State): Prince Georges Co Md

DATE RECEIVED BY LOCAL REGISTRAR: DEC 8 - 1950
REGISTRAR'S SIGNATURE: Winifred E. Williams M.D.
25. FUNERAL DIRECTOR: Harry Brockson
ADDRESS: 46 B 9009 N. Chester

5443L

MARGIN RESERVED FOR BINDING

PLEASE WRITE HEAVILY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

A 620
50-10516

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50-10516
Registered No.

1. NAME OF DECEASED (Type or Print): Ida Ayres

2. DATE OF DEATH: Dec. 8, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Union Memorial Hospital
C. Length of stay in Baltimore: 22 Days (~~Yrs.~~ ~~Mos.~~)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Penna
B. COUNTY: York
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Delta
D. STREET ADDRESS (If rural, give location): V-35

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: Aug. 4, 1876
9. AGE (In years last birthday): 74 — If Under 1 Year: Months / Days — If Under 24 Hours: Hours / Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10B. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Penna
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Lyman Reed (D)
14. MOTHER'S MAIDEN NAME: Susan J. Blair (D)
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): Unknown (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: —
17. INFORMANT: Mrs Alta Hughes (daughter) — ADDRESS: Delta, Pa

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) 154X

(A) Generalized Peritonitis — INTERVAL BETWEEN ONSET AND DEATH: 22 days

DUE TO

ANTECEDENT CAUSES

(B) Perforated Diverticulum of Descending Colon — 22 days

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C) Carcinoma of Rectum — ?

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: Nov. 20, 1950
19B. MAJOR FINDINGS OF OPERATION: Generalized Peritonitis. Diverticulitis Descending Colon
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov. 16, 1950 *to* Dec. 8, 1950, *that I last saw the deceased alive on* Dec. 8, 1950, *and that death occurred at* 10:05 P.m., *from the causes and on the date stated above.*

23A. SIGNATURE: Richard Beach M. D.
23B. ADDRESS: Union Memorial Hospital
23C. DATE SIGNED: 12-8-50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12-11-50
24C. NAME OF CEMETERY OR CREMATORY: Slate Ridge
24D. LOCATION (City, town, or county) (State): Delta, York Co. Pa.

DATE RECEIVED BY LOCAL REGISTRAR: DEC 9 - 1950
REGISTRAR'S SIGNATURE: [illegible]
25. FUNERAL DIRECTOR: W. Harvard Webb — ADDRESS: Fawn Grove, Pa

VS 150

467

MARGIN RESERVED FOR BINDING

PLEASE WRITE HEAVILY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 620
50-10517

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

X

Registered No. 50-10517

BIRTH NO.

1. NAME OF DECEASED (Type or Print) A. WALTER FROSCH

2. DATE OF DEATH Dec 8th 1950

3. PLACE OF DEATH: A. Baltimore City, Maryland Baltimore, Md.

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Mercy Hospital

c. Length of stay in Baltimore 39 Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE East New Market, Md.
B. COUNTY Dorchester
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) E. New MARKET
D. STREET ADDRESS (If rural, give location) Rd 1. 5900

5. SEX M
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Sept. 2nd 1888
9. AGE (In years last birthday) 62 — If Under 1 Year: Months / Days — If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired Saloon
10B. KIND OF BUSINESS OR INDUSTRY Sun Telegraph NEWSPAPER
11. BIRTHPLACE (State or foreign country) Pittsburg, Pa.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Hugho Frosch
14. MOTHER'S MAIDEN NAME Margetta (Unknown)

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) Yes
(If yes, give war or dates of service) W.W. #1
16. SOCIAL SECURITY NO. 167-07-4351
17. INFORMANT Marie Frosch ADDRESS 1008 Abbott Burt

MEDICAL CERTIFICATION

18. 163 X

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Carcinoma of the lung
DUE TO

ANTECEDENT CAUSES
(B)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
DUE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 11.1.1950
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* ____, 19__, *to* ____, 19__, *that I last saw the deceased alive on* ____, 19__, *and that death occurred at* 6.45 *m., from the causes and on the date stated above.*

23A. SIGNATURE Kobasfloyssky Kobasfloyssky M. D.
23B. ADDRESS
23C. DATE SIGNED 12.9.50

24A. ~~BURIAL, CREMATION~~ REMOVAL (Specify) Removal
24B. DATE 12/9/50
24C. NAME OF CEMETERY ~~OR CREMATORY~~ Smithfield
24D. LOCATION (City, town, or county) (State) Pittsburg Pa.

DATE RECEIVED BY LOCAL REGISTRAR DEC 9-1950
REGISTRAR'S SIGNATURE Thurlington Williams, M.D.
25. FUNERAL DIRECTOR Wm Cook Inc. ADDRESS 1217 St. Paul st.

VS 150

490 4M

47D

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

435

50-10518

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50-10518

Registered No.

1. NAME OF DECEASED (Type or Print): Clarence Hilton

2. DATE OF DEATH: December 6, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1429 Riverside Avenue
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 24-02
D. STREET ADDRESS (If rural, give location): 1429 Riverside Avenue

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Dec. 20, 1870
9. AGE (In years last birthday): 79
If Under 1 Year: Months Days
If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret. House Carpenter
10B. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Damascus, Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: ? Hilton
14. MOTHER'S MAIDEN NAME: Celeste ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): no
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Mrs. Emolyn A. Hilton, ADDRESS: 1429 Riverside Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) 420.0

(A) Arterio Sclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: 6 years

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan. 1948, 19__, *to* Dec, 19__, *that I last saw the deceased alive on* ____, 19__, *and that death occurred at* ____ *m., from the causes and on the date stated above.*

23A. SIGNATURE: Sol Smith M. D.
23B. ADDRESS: 1223 E. North Ave
23C. DATE SIGNED: 12-8-50

24A. BURIAL, CREMATION, REMOVAL (Specify): burial
24B. DATE: 12/9/50
24C. NAME OF CEMETERY OR CREMATORY: Damascus Meth. Church Cem.
24D. LOCATION (City, town, or county) (State): Damascus, Maryland

DATE RECEIVED BY LOCAL REGISTRAR: DEC 9 - 1950
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Wm. Cook, Inc.
ADDRESS: 1217 St. Paul Street

VS 150

93D

MARGIN RESERVED FOR BINDING

PLEASE WRITE FULLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

T 453
50-10519

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50-10519
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Lawrence Lorey Trentler

2. DATE OF DEATH: Dec. 8, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland — Baltimore
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Joseph's Hospital
C. Length of stay in Baltimore: 51 Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 914 E. Eager Street

10-01

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 4 -3 - 1899
9. AGE (In years last birthday): 51
If Under 1 Year: Months 7, Days 4, Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Cab Driver
10B. KIND OF BUSINESS OR INDUSTRY: White Top Cab Co.
11. BIRTHPLACE (State or foreign country): Baltimore, Maryland
12. CITIZEN OF WHAT COUNTRY? US A

13. FATHER'S NAME: Henery Trantler
14. MOTHER'S MAIDEN NAME: Bertha Silverson

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): yes
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Mrs. Marie L. Trentler
ADDRESS: 914 E. Eager St

MEDICAL CERTIFICATION

CAUSE OF DEATH

18. 204.1

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Lukemia - myelocytic
DUE TO
(B)
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Broncho - pneumonia

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [ ] NO [X]

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12/5/, 1950, *to* 12/8/, 1950, *that I last saw the deceased alive on* 12/8/, 1950, *and that death occurred at* 9:00A M. *from the causes and on the date stated above.*

23A. SIGNATURE: C. P. Coffay Jr. M. D.
23B. ADDRESS: 1400 N. Caroline Street
23C. DATE SIGNED: 12/8/50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12-12-1950
24C. NAME OF CEMETERY OR CREMATORY: Baltimore Cemetery
24D. LOCATION (City, town, or county) (State): Baltimore Md.

DATE RECEIVED BY LOCAL REGISTRAR: DEC 9 - 1950
REGISTRAR'S SIGNATURE: Lucius Williams, M
25. FUNERAL DIRECTOR: Elmer W. Conklin
ADDRESS: 924 E. Eager St.

VS 150

6F254

74a

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

H 200

50-10520

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50-10520

Registered No.

1. NAME OF DECEASED (Type or Print): THOMAS HAYES

2. DATE OF DEATH: Dec. 7, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland — Baltimore
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Franklin Square Hospital
C. Length of stay in Baltimore: 38 Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY: 9-09
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): 1509 Ensor St. Baltimore
D. STREET ADDRESS (If rural, give location): 1509 Ensor St.

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: Mar.4,1912
9. AGE (In years last birthday): 38 — If Under 1 Year: Months 9, Days 4 — If Under 24 Hours: Hours, Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clerk
10B. KIND OF BUSINESS OR INDUSTRY: Dept. Store (R)
11. BIRTHPLACE (State or foreign country): Baltimore Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Edward J. Hayes
14. MOTHER'S MAIDEN NAME: Margaret McGuiness
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Mrs. Margaret Hayes — ADDRESS: Above.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Fatty liver — INTERVAL BETWEEN ONSET AND DEATH

DUE TO

(B) Chronic alcoholism

DUE TO

(C)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☒ NO ☐

21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* Autopsy (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☒, *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

23A. SIGNATURE: Stanley H. Dunlacher M.D.
23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR ☐
23C. DATE SIGNED: Dec. 8, 1950

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12-12-1950
24C. NAME OF CEMETERY OR CREMATORY: New Cathedral Cemetery
24D. LOCATION (City, town, or county) (State): Baltimore Md

DATE RECEIVED BY LOCAL REGISTRAR: DEC 9-1950
REGISTRAR'S SIGNATURE: Huntington Williams, M
25. FUNERAL DIRECTOR: Elmer W. Conklin
ADDRESS: 924 E. Eager St

VS 151

3906C

124a

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Edw J.
Morgt M McGinnis

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G 415

50-10521 50-26476

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 50-10521

BIRTH NO. STANLEY G

1. NAME OF DECEASED (Type or Print): ~~Baby~~ Gilpin

2. DATE OF DEATH: 12-8-50

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Agnes' Hospital
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural give location): 3613 Roland Ave (11).

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): S.
8. DATE OF BIRTH: 12/6/50
9. AGE (In years last birthday): If Under 1 Year: Months: Days: 3. Hours: Min.:
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?:
13. FATHER'S NAME: Douglas Gilpin
14. MOTHER'S MAIDEN NAME: Iva P. Goodwin
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown):
16. (If yes, give war or dates of service) SOCIAL SECURITY NO.:
17. INFORMANT: Douglas Gilpin ADDRESS: 3613 Roland Ave.

MEDICAL CERTIFICATION

18. 760.5

I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Atelectasis & Cerebral Damage (hemorrage) — INTERVAL BETWEEN ONSET AND DEATH: 12/5 - 12/8

DUE TO

ANTECEDENT CAUSES

(B) Prematurity

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: —
19B. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/5 1950, to 12/8, 1950, that I last saw the deceased alive on 12/8, 1950 and that death occurred at 4:10 P.m., from the causes and on the date stated above.

23A. SIGNATURE: E. Golcelski M. D.
23B. ADDRESS:
23C. DATE SIGNED:

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12/9/50
24C. NAME OF CEMETERY OR CREMATORY: Western
24D. LOCATION (City, town, or county) (State):

DATE RECEIVED BY LOCAL REGISTRAR: DEC 9 - 1950
REGISTRAR'S SIGNATURE: Martin F. Williams M.D.
25. FUNERAL DIRECTOR: Paul E. Schumann Jr.
ADDRESS: 3615-17 Roland Ave

VS 150

160a

MARGIN RESERVED FOR BINDING

PLEASE WRITE FIRMLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

L + 520

50-10522

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50-10522

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Lillian May Ballenger Lynch

2. DATE OF DEATH: Dec. 8, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland 6000 Bellona Ave.
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Edgewood Nursing Home
60
C. Length of stay in Baltimore 43 yrs. (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write BURIAL and give township): Baltimore,
12-07
D. STREET ADDRESS (If rural, give location): 309 E. 30th. St.

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: May 16, 1872
9. AGE (In years last birthday): 78
If Under 1 Year: Months / Days
If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none
10B. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): St. Marys Co. Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John T. Ballenger
14. MOTHER'S MAIDEN NAME: Margaret Barker

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Mrs. W. A. Harman
ADDRESS: 309 E. 30th. St.

MEDICAL CERTIFICATION

CAUSE OF DEATH

		INTERVAL BETWEEN ONSET AND DEATH
18. I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A) Cerebral Hemorrhage.	5 weeks.
DUE TO		
ANTECEDENT CAUSES. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(B) Hypertension -	Months?
DUE TO	(C) Generalized Arterio-sclerosis.	"
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	None	

19A. DATE OF OPERATION: None
19B. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan. 10, 1950, *to* Dec. 8, 1950, *that I last saw the deceased alive on* Dec. 8, 1950. *and that death occurred at* 12.30 P.m., *from the causes and on the date stated above.*

23A. SIGNATURE: Frank H. Orden. M. D.
23B. ADDRESS: 2701 N. Calvert St.
23C. DATE SIGNED: Dec. 9, 50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12/10/50
24C. NAME OF CEMETERY OR CREMATORY: All Faith
24D. LOCATION (City, town, or county) (State): St. Marys Co. Md.

DATE RECEIVED BY LOCAL REGISTRAR: DEC 9 - 1950
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: John O. Mitchell Sons
ADDRESS: 1900 Eutaw Place

VS 150

83a

B-520

50-10523

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 50-10523

BIRTH NO.

1. NAME OF DECEASED (Type or Print): MARY BANKS

2. DATE OF DEATH: December 8, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Maryland General Hospital
c. Length of stay in Baltimore: 15 years (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 1141 Argyle Avenue

17-02

5. SEX: female
6. COLOR OR RACE: colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: Oct. 31, 1894
9. AGE (In years last birthday): 56
If Under 1 Year: Months / Days
If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): domestic
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Charles Jones
14. MOTHER'S MAIDEN NAME: Susian Smith

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown):
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Robert Polland
ADDRESS: 1141 Argyle Avenue

MEDICAL CERTIFICATION

CAUSE OF DEATH

18. 4221

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Arteriosclerotic cardiovascular disease

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* Inquiry & Inspection (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☒, *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

23A. SIGNATURE: Stanley H. Durlacher M.D.
23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR ☐
23C. DATE SIGNED: Dec. 8, 1950

24A. BURIAL, CREMATION, REMOVAL (Specify): burial
24B. DATE: 12-10-50
24C. NAME OF CEMETERY OR CREMATORY:
24D. LOCATION (City, town, or county) (State): Gloucester County, Virginia

DATE RECEIVED BY LOCAL REGISTRAR: DEC 9 - 1950
REGISTRAR'S SIGNATURE: [illegible] Williams, M.D.
25. FUNERAL DIRECTOR: Geo. G. Kelsey. 1303 Presstman St.
ADDRESS: 93

VS 151

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

W-460
50-10524

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50-10524
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Mrs. MINNIE M. WELLER.
2. DATE OF DEATH: 9-15-Dec. 8/50

3. PLACE OF DEATH:
A. Baltimore City, Maryland 2010 Boone St.
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): DO
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 9-08
D. STREET ADDRESS (If rural, give location): 2010 Boone St

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Sept. 4-1876
9. AGE (In years last birthday): 74 yrs. If Under 1 Year: Months 3, Days 4; If Under 24 Hours: Hours, Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Home Duties
10B. KIND OF BUSINESS OR INDUSTRY: Home Duties
11. BIRTHPLACE (State or foreign country): Baltimore-Md.
12. CITIZEN OF WHAT COUNTRY? Md.
13. FATHER'S NAME: Robert - Taylor.
14. MOTHER'S MAIDEN NAME: Lettie Gager
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Mr. Henry E. Weller Sr. ADDRESS: 2010 Boone St

MEDICAL CERTIFICATION

CAUSE OF DEATH

18. 450.0 I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Generalized Arteriosclerosis
DUE TO Senility

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B)
DUE TO
(C)

INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, ferm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 19 50, to Dec. 19 50, that I last saw the deceased alive on Dec. 7, 1950, and that death occurred at 9:15 A. m., from the causes and on the date stated above.

23A. SIGNATURE: Jos. M. Zimmerman M. D.
23B. ADDRESS: 2858 Harford Rd
23C. DATE SIGNED: Dec. 9, 1950

24A. BURIAL, CREMATION REMOVAL (Specify): Burial
24B. DATE: Dec 11-50
24C. NAME OF CEMETERY OR CREMATORY: Loudon Park Cem.
24D. LOCATION (City, town, or county) (State): Baltimore - Md.

DATE RECEIVED BY LOCAL REGISTRAR: DEC 9-1950
REGISTRAR'S SIGNATURE: Mrs. Williams, M.D.
25. FUNERAL DIRECTOR: Ingmire & Syfer ADDRESS: 1600 W. North ave

VS 150

97

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

S-300

50-10525

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 50-10525

1. NAME OF DECEASED (Type or Print): SCOTT, JACOB

2. DATE OF DEATH: 12/6/50

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Provident
C. Length of stay in Baltimore: 25 yrs. (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 504 Stockton St.

18-00

5. SEX: Male
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): M.
8. DATE OF BIRTH: Aug. 1, 1873
9. AGE (In years last birthday): 77 yrs.
If Under 1 Year: Months: Days
If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Contractor
10B. KIND OF BUSINESS OR INDUSTRY: Self Employed
11. BIRTHPLACE (State or foreign country): Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Mrs. Lillian Ellis
ADDRESS: 1810 Clifton Ave.

MEDICAL CERTIFICATION

18. 420.0

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) arteriosclerotic Heart Disease

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) arteriosclerosis

DUE TO

(C) Pulmonary Edema

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Nephrosclerosis

19A. DATE OF OPERATION: 2
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12/5, 1950 *to* 12/6, 1950 *that I last saw the deceased alive on* 12/5, 1950, *and that death occurred at* 5 A *m., from the causes and on the date stated above.*

23A. SIGNATURE: John H. Holmes III M. D.
23B. ADDRESS: Provident Hosp.
23C. DATE SIGNED: 12/8/50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12/9/50
24C. NAME OF CEMETERY OR CREMATORY: Mt Auburn Cem
24D. LOCATION (City, town, or county) (State): Baltimore Co.

DATE RECEIVED BY LOCAL REGISTRAR: DEC 9 - 1950
REGISTRAR'S SIGNATURE: [illegible]
25. FUNERAL DIRECTOR: Holland Funeral Home
ADDRESS: 1631 D.H. Ave.

VS 150

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

131a

F 200

FAX

50-10526

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 50-10526

1. NAME OF DECEASED (Type or Print): Lucy B Fax

2. DATE OF DEATH: 12/6-50

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2121 Druid Hill Ave.
c. Length of stay in Baltimore 47yrs. (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Balt
D. STREET ADDRESS (If rural, give location): 2121 Druid Hill

14-03

5. SEX: Female
6. COLOR OR RACE: Colered
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: ~~11~~/24/6/1888
9. AGE (In years last birthday): 62yrs.
If Under 1 Year: Months Days
If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Agent
10B. KIND OF BUSINESS OR INDUSTRY: Insurance
11. BIRTHPLACE (State or foreign country): Middlesex Co. Va.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Wrighter Chamberlain
14. MOTHER'S MAIDEN NAME: Jana Cothorn

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)
(If yes, give wer or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Mr. Lawrence Fax
ADDRESS: 2121 Druid Hill Ave

MEDICAL CERTIFICATION

18. 491X

CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Bronchial Pneumonia

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 11/20, 1950, *to* 12/6, 1950, *that I last saw the deceased alive on* 12/6, 1950, *and that death occurred at* 5:1 *m., from the causes and on the date stated above.*

23A. SIGNATURE: B M Rutter Sr. M. D.
23B. ADDRESS: 2135 Druid Hill
23C. DATE SIGNED: 12/8-50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: Dec. 11, 1950
24C. NAME OF CEMETERY OR CREMATORY: Baltimore Nat'l
24D. LOCATION (City, town, or county) (State): Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR: DEC 9-1950
REGISTRAR'S SIGNATURE: [illegible] Baltimore, Md.
25. FUNERAL DIRECTOR: Holland Funeral Home
ADDRESS: 1631 D.H. Ave.

VS 150

45073

107

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

P-436

50-10527

PLATER

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 50-10527

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Ella Plater

2. DATE OF DEATH: 12/6/50

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Provident Hospital -
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 738 Dolphin Street

11-03

5. SEX: F
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): ?
8. DATE OF BIRTH: 11/4/1896
9. AGE (In years last birthday): 59 yrs
If Under 1 Year: Months Days
If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Baltimore
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: David Brown
14. MOTHER'S MAIDEN NAME: Mary Louise

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT
ADDRESS

MEDICAL CERTIFICATION

18. 443X

CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Congestive heart failure — INTERVAL BETWEEN ONSET AND DEATH: 12-4-50
DUE TO
(B) Hypertensive heart disease — 12-6-50
DUE TO
(C) Uremia
Hypertensive heart disease

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/4/, 1950, to 12/6/, 1950 that I last saw the deceased alive on 12/6/, 1950, and that death occurred at 6 45 a.m., from the causes and on the date stated above.

23A. SIGNATURE: A. Nicolas M. D.
23B. ADDRESS: Provident Hospital
23C. DATE SIGNED: 12/8/50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: Dec. 9, 1950
24C. NAME OF CEMETERY OR CREMATORY: Arbutus
24D. LOCATION (City, town, or county) (State): Balto. Co.

DATE RECEIVED BY LOCAL REGISTRAR: DEC 9-1950
REGISTRAR'S SIGNATURE: [illegible]
25. FUNERAL DIRECTOR: Holland Funeral Home
ADDRESS: 1631 D.H. Ave.

VS 150

93D

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

J 2.50

50-10528

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 50-10528

1. NAME OF DECEASED (Type or Print) Martha E Jackson

2. DATE OF DEATH Dec. 6-1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 1414 W. Lafayette Ave

C. Length of stay in Baltimore 43 Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 16-02
D. STREET ADDRESS (If rural, give location) 1414 W Lafayette Ave

5. SEX F

6. COLOR OR RACE Col

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single

8. DATE OF BIRTH June - 1907

9. AGE (In years last birthday) 43

If Under 1 Year: Months Days

If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home.

10B. KIND OF BUSINESS OR INDUSTRY Housework

11. BIRTHPLACE (State or foreign country) Balto. Md.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Robert Jackson

14. MOTHER'S MAIDEN NAME Don't Know

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT Mary Jones ADDRESS 1414 W. Lafayette Ave

MEDICAL CERTIFICATION

18. 592X

CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Chr. Myocarditis — INTERVAL BETWEEN ONSET AND DEATH 1948

DUE TO

ANTECEDENT CAUSES

(B) Chr. Interstitial Nephritis 1948

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov. 28, 1954 *to* Dec 6, 1950, *that I last saw the deceased alive on* Dec 5, 1950 *and that death occurred at* 7:15 p.m., *from the causes and on the date stated above.*

23A. SIGNATURE James Brown M. D.

23B. ADDRESS 3602 Liberty Heights Av.

23C. DATE SIGNED 12-6-50

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial

24B. DATE 12/10/1950

24C. NAME OF CEMETERY OR CREMATORY Mt Auburn Cem.

24D. LOCATION (City, town, or county) (State) Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR DEC 9-1950

REGISTRAR'S SIGNATURE [illegible] Williams, M.D.

25. FUNERAL DIRECTOR Holland Funeral Home

ADDRESS 1631 Druid Hill Ave. 131a

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

B-652

50-10529

BARNES

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50-10529

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Anna A. Barnes

2. DATE OF DEATH: Dec. 7, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland 2520 E. Preston St
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 00
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltio. 8-03
D. STREET ADDRESS (If rural, give location): 2520 E. Preston St.

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Aug. 27, 1881
9. AGE (In years last birthday): 69
If Under 1 Year: Months Days
If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Baltio. Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Thomas Harding
14. MOTHER'S MAIDEN NAME: Eliza Addison

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Eileen Barnes ADDRESS: 2520 E. Preston St.

MEDICAL CERTIFICATION

CAUSE OF DEATH

18. I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Carcinomatosis — INTERVAL BETWEEN ONSET AND DEATH: unknown

DUE TO Carcinoma of Breast

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Diabetes Mellitus — 11 yrs

19A. DATE OF OPERATION: Sept 20 1947
19B. MAJOR FINDINGS OF OPERATION: Carcinoma of Breast left
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/10, 1947, to Dec 7, 1950, that I last saw the deceased alive on Dec 3 1950 and that death occurred at 2 40 A m., from the causes and on the date stated above.

23A. SIGNATURE: Martin L. Sungurd M. D.
23B. ADDRESS: 11 E Chase St
23C. DATE SIGNED: Dec 8 1950

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12/11/50
24C. NAME OF CEMETERY OR CREMATORY: Lauden Park
24D. LOCATION (City, town, or county) (State): Frederick Avenue Balty Md.

DATE RECEIVED BY LOCAL REGISTRAR: DEC 9 - 1950
REGISTRAR'S SIGNATURE: Huntington Williams M.D.
25. FUNERAL DIRECTOR: John C. Miller Inc.
ADDRESS: 2435 E. Oliver St.

VS 150

50

B 420

50-10530

Bleach

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50-10530

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Cora A. Bleach

2. DATE OF DEATH: Dec - 7 - 1950

3. PLACE OF DEATH: A. Baltimore City, Maryland 2111 E. Oliver St

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 00

C. Length of stay in Baltimore — Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 8-04
D. STREET ADDRESS (If rural, give location): 2111 E. Oliver St

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: June - 28 - 1883
9. AGE (In years last birthday): 67
If Under 1 Year: Months Days
If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Baltimore Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Thomas Barber
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: John A. Bleach — ADDRESS: 2111 E. Oliver St

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Diabetic Coma — DEC 1 50

DUE TO

(B) Diabetes Mellitus — Jan 1 45

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

260X

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 1, 46 *to* Dec 7, 50, *that I last saw the deceased alive on* Dec 7, 1950, *and that death occurred at* 12:50 *m., from the causes and on the date stated above.*

23A. SIGNATURE: William J. Ryan M. D.
23B. ADDRESS: 801 W. Renwood Pl
23C. DATE SIGNED: 12-8-50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12-11-1950
24C. NAME OF CEMETERY OR CREMATORY: Baltimore Cem.
24D. LOCATION (City, town, or county) (State): Mortf Ave. Balto Md.

DATE RECEIVED BY LOCAL REGISTRAR: DEC 9 - 1950
REGISTRAR'S SIGNATURE: Victor Williams M.D.
25. FUNERAL DIRECTOR: John C. Miller Inc.
ADDRESS: 2435 E. Oliver St

VS 150

61

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

H-420

50-10531

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 50-10531

1. NAME OF DECEASED (Type or Print): EPPIE P. HALES

2. DATE OF DEATH: December 9, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): University Hospital
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: Baltimore
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Garrison
D. STREET ADDRESS (If rural, give location): 5300

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Mar. 29 1912
9. AGE (In years last birthday): 38
If Under 1 Year: Months / Days
If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Balto Transit Co
10B. KIND OF BUSINESS OR INDUSTRY: Buss Operator St. Railway
11. BIRTHPLACE (State or foreign country): N. Carolina
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Calvin Walter Wales
14. MOTHER'S MAIDEN NAME: Leona Daniel

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Mrs. Ellen A Wales
ADDRESS: Garrison Md.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Fracture of skull E812.0
DUE TO
ANTECEDENT CAUSES
(B)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
DUE TO
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS UNDERLYING ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.): highway
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): Reisterstown Rd. 50' south of Kenmore Ave. Garrison, Md. 5300
21D. TIME OF INJURY (Month) (Day) (Year) (Hour): December 8, 1950 6.25p.m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21F. HOW DID INJURY OCCUR? Pedestrian struck by a truck

22. *I certify that I took charge of the remains described above, held an* Inquiry & Inspection (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☐, *accident* ☒, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

23A. SIGNATURE: Stanley K. Dunlacher M.D.
23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR ☐
23C. DATE SIGNED: Dec. 9, 1950

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: Dec. 12-50
24C. NAME OF CEMETERY OR CREMATORY: Druid Ridge
24D. LOCATION (City, town, or county) (State): Pikesville Md.

DATE RECEIVED BY LOCAL REGISTRAR: DEC 9-1950
REGISTRAR'S SIGNATURE: Lawrence Williams, M.D.
25. FUNERAL DIRECTOR: J. F. Eline. Sons
ADDRESS: Reisterstown Md.

VS 151 N-803.2 625 51 170C

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

H 160

50-10532

BIRTH NO. 49-28044

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 50-10532

1. NAME OF DECEASED (Type or Print): WILLIAM J. HOOVER, Jr.

2. DATE OF DEATH: DECEMBER 8, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): University Hospital
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: Baltimore
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Catonsville
D. STREET ADDRESS (If rural, give location): 217 Garden Ridge Road

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): single
8. DATE OF BIRTH: Dec. 25, 1949
9. AGE (In years last birthday): If Under 1 Year: Months 11, Days; If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Wm. J. Hoover
14. MOTHER'S MAIDEN NAME: Mercedes Carey

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): -
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: -
17. INFORMANT: Mr. William J. Hoover, Sr.-217 Garden Ridge Rd. ADDRESS Catonsville

MEDICAL CERTIFICATION

18. 754.4

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Congenital heart disease

DUE TO

ANTECEDENT CAUSES

(B) Bronchopneumonia

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21A. EXTERNAL CAUSE WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH.
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* Autopsy (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from:* natural causes [X], *accident* [ ], *suicide* [ ], *homicide* [ ], *undetermined* [ ].

23A. SIGNATURE: Stanley H. Duncacher M.D.
23B. CHIEF MEDICAL EXAMINER [ ] ASSISTANT MEDICAL EXAMINER [X] MEDICAL INVESTIGATOR [ ]
23C. DATE SIGNED: 12-8-50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12/11/50
24C. NAME OF CEMETERY OR CREMATORY: New Cathedral Cem.
24D. LOCATION (City, town, or county) (State): Balto., Md.

DATE RECEIVED BY LOCAL REGISTRAR: DEC 9 1950
REGISTRAR'S SIGNATURE: [illegible] St. Michaels, Md.
25. FUNERAL DIRECTOR: Wm. J. Tickeres & Sons - Butler
ADDRESS: 157E Mt

VS 151

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

S-365

50-10533

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 50-10533

1. NAME OF DECEASED (Type or Print): CARLL LOS STROHMEYER, SR.

2. DATE OF DEATH: 12-8-50

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sinai Hosp.
c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY: Baltimore
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Watersedge-- Balto. 22.
D. STREET ADDRESS (If rural, give location): 8212 Northview Rd.

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: 2/13/1902
9. AGE (In years last birthday): 48
If Under 1 Year: Months: Days
If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Architect
10B. KIND OF BUSINESS OR INDUSTRY: Builders
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: J. Henry Strohmeyer
14. MOTHER'S MAIDEN NAME: Charlotte R. Baker

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): -no
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.

17. INFORMANT: Mrs. Carll F. Strohmeyer, Sr.- ADDRESS 8212 Northview Rd., Watersedge

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

204.1

(A) Myelogenous Leukemia

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12-1, 1950 *to* 12-8, 1950 *that I last saw the deceased alive on* 12-8, 1950, *and that death occurred at* 8 A *m., from the causes and on the date stated above.*

23A. SIGNATURE: Henry C. Hofman M. D.
23B. ADDRESS: Sinai Hosp.-Balto Md.
23C. DATE SIGNED: 12-8-50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12/11/50
24C. NAME OF CEMETERY OR CREMATORY: Druid Ridge Cem.
24D. LOCATION (City, town, or county) (State): Pikesville, Md.

DATE RECEIVED BY LOCAL REGISTRAR: DEC 9-1950
REGISTRAR'S SIGNATURE: Martin J. Williams, M.D.
25. FUNERAL DIRECTOR: Wm. J. Pickerel & Sons
ADDRESS: Balto Md.

VS 150

003 24

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be furnished if supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

0-520

50-10534

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 50-10534

1. NAME OF DECEASED (Type or Print): ELLA DONNA OWENS

2. DATE OF DEATH: December 8, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 309 Dolphin Street
c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 309 Dolphin Street

11-04

5. SEX: female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Oct. 8, 1900
9. AGE (In years last birthday): 50
If Under 1 Year: Months / Days
If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Unknown ✓

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): –
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Mr. John R. Owens
ADDRESS: 309 Dolphin St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

092X

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Infection - hepatitis

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21A. EXTERNAL CAUSE WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH.
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* autopsy (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* [X], *accident* [ ], *suicide* [ ], *homicide* [ ], *undetermined* [ ].

23A. SIGNATURE: William V. Lovett M.D.
23B. CHIEF MEDICAL EXAMINER [ ] ASSISTANT MEDICAL EXAMINER [X] MEDICAL INVESTIGATOR [ ]
23C. DATE SIGNED: Dec. 8, 1950

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12/11/50
24C. NAME OF CEMETERY OR CREMATORY: Loudon Park Cem.
24D. LOCATION (City, town, or county) (State): Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR: DEC 9 1950
REGISTRAR'S SIGNATURE: Lester Williams, M.D.
25. FUNERAL DIRECTOR: Wm. J. Dickens & Sons
ADDRESS: Balto.

VS 151

32a

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully applied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

H 325

50-10535

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50-10535

Registered No.

1. NAME OF DECEASED (Type or Print): WILLIAM H. HUTCHINS

2. DATE OF DEATH: Dec. 8, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 3019 Garrison Blvd.
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY: 15-38
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Balto.
D. STREET ADDRESS (If rural, give location): 3019 Garrison Blvd.

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): single
8. DATE OF BIRTH: May 11, 1877
9. AGE (In years last birthday): 73. If Under 1 Year: Months, Days. If Under 24 Hours: Hours, Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): conductor (rtd)
10B. KIND OF BUSINESS OR INDUSTRY: transit
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: William H. Hutchins, Sr. ST. RAILWAY
14. MOTHER'S MAIDEN NAME: Mary S. Clarke
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 213-100-792
17. INFORMANT: Miss Emma M. Patterson - ADDRESS: 3019 Garrison Blvd.

MEDICAL CERTIFICATION

18. 422.1

CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Arteriosclerotic Cardiovascular Disease — INTERVAL BETWEEN ONSET AND DEATH: 3 mos.

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Uremia — 1 week

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 1, 1950, to Dec 8, 1950, that I last saw the deceased alive on Dec 6, 1950, and that death occurred at 12:00 p.m., from the causes and on the date stated above.

23A. SIGNATURE: J. Emmett Green M. D.
23B. ADDRESS: Med. Arts Bldg.
23C. DATE SIGNED: 12/9/50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12/11/50
24C. NAME OF CEMETERY OR CREMATORY: Govans Presby. Cem.
24D. LOCATION (City, town, or county) (State): Balto., Md.

DATE RECEIVED BY LOCAL REGISTRAR: DEC 9-1950
REGISTRAR'S SIGNATURE: Washington Williams, M.D.
25. FUNERAL DIRECTOR: Wm. J. Tichenor & Sons
ADDRESS: Balto 937 Md

VS 150

631 51

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be full supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

T-460

50-10536

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50-10536

Registered No.

1. NAME OF DECEASED (Type or Print): SARAH ANN TAYLOR

2. DATE OF DEATH: 12-7-50

3. PLACE OF DEATH:
A. State: Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): PROVIDENT HOSPITAL
C. Length of stay in Baltimore: 6 Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BALTIMORE
D. STREET ADDRESS (If rural, give location): 802 GEORGE ST

T-03

5. SEX: FEMALE
6. COLOR OR RACE: NEGRO
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: OCT 18, 1918
9. AGE (In years last birthday): 31
If Under 1 Year: Months: Days
If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSE WIFE
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): KINGTREE, S.C.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: PAUL LUCAS
14. MOTHER'S MAIDEN NAME: JULIA ANN

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown):
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: HUSBAND
ADDRESS: 802 GEORGE ST.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

299 X

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) SEVERE SECONDARY ANEMIA

DUE TO

ANTECEDENT CAUSES

(B) MULTIPLE PETECHIAL HEMORRHAGES

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C) BLOOD DYSCRASIA (TYPE UNDETERMINED AT PRESENT)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION: 2
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ✓ NO

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12-6 *1950, to* 12-7 *1950, that I last saw the deceased alive on* 12-7 *1950, and that death occurred at* 2 50 *A.m., from the causes and on the date stated above.*

23A. SIGNATURE: J. H. Pinkney M. D.
23B. ADDRESS: Provident Hospital
23C. DATE SIGNED: 12-8-50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12-10-1950
24C. NAME OF CEMETERY OR CREMATORY: Mt. Auburn Cem.
24D. LOCATION (City, town, or county) (State): Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR: DEC 9-1950
REGISTRAR'S SIGNATURE: Christopher Williams, M.D.
25. FUNERAL DIRECTOR: Mrs Katie R. Williams
ADDRESS: 322 N. Schroeder St.

VS 150

73D

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

W-356 50-10537

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X 50-10537 Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): William Adolph Weidemeyer

2. DATE OF DEATH: Dec. 8, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Joseph's Hospital
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: Baltimore
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ~~Baltimore~~ Woodlawn
D. STREET ADDRESS (If rural, give location): 2200 Rolling Road 5300

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Dec. 17, 1876
9. AGE (In years last birthday): 73 yrs
If Under 1 Year: Months / Days
If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clerk
10B. KIND OF BUSINESS OR INDUSTRY: B & O Railroad
11. BIRTHPLACE (State or foreign country): Baltimore Co., Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Rev. Peter C. Weidemeyer
14. MOTHER'S MAIDEN NAME: Catherine Schemm

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 705-05-9574
17. INFORMANT: Mr. Thomas E. Weidemeyer, ADDRESS: Windsor Mill Road Woodlawn, Md.

MEDICAL CERTIFICATION

18. 153 X

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(1) Carcinoma of cecum with obstruction;
(3) (A) Cerebral hemorrhage.
DUE TO
(4) (B) Arteriosclerotic cardiovascular disease
DUE TO
(2) (C) Diabetes Mellitus

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(over)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 11-20-50
19B. MAJOR FINDINGS OF OPERATION: Ca. of the Cecum
20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 11/20/ *, 1950, to* 12/8/ *, 1950, that I last saw the deceased alive on* 12/8/ *, 1950 and that death occurred at* 12:55 AM *m., from the causes and on the date stated above.*

23A. SIGNATURE: B. B. Belz M. D.
23B. ADDRESS: 1400 N. Caroline Street
23C. DATE SIGNED: 12/8/50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: Dec. 11, 1950
24C. NAME OF CEMETERY OR CREMATORY: Woodlawn Cemetery
24D. LOCATION (City, town, or county) (State): Woodlawn, Md.

DATE RECEIVED BY LOCAL REGISTRAR: DEC 10 1950
REGISTRAR'S SIGNATURE: Hunter for Williams M.D.
25. FUNERAL DIRECTOR: Miller Lamoreau
ADDRESS: 4510 Liberty Heights Ave.

VS 150

39050 46E

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be furnished if supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

See Document File 50-10537
for letter authorizing amendments
and change in listing order of death

3/5/51 ES

0-560
50-10538

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

X 50-10538
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) SISTER MARY WILFRED O'MEARA
2. DATE OF DEATH Dec 9 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Mount St. Agnes Convent
C. Length of stay in Baltimore over 50 yrs. Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland
B. COUNTY Baltimore
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
D. STREET ADDRESS (If rural, give location) Mount Washington

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single
8. DATE OF BIRTH Nov. 27, 1869
9. AGE (In years last birthday) 81
If Under 1 Year: Months Days
If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Religious
10B. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) New York
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME John O'Meara
14. MOTHER'S MAIDEN NAME Bridget McGrath

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Mt. St. Agnes Convent Records
ADDRESS Mt. Washingt

MEDICAL CERTIFICATION

18. 331X

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Cerebral Hemorrhage — 2 wks
DUE TO
(B) Hypertension — Unknown
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 1, 1950 to Dec 9, 1950, that I last saw the deceased alive on Dec 6, 1950 and that death occurred at 1:15 A m., from the causes and on the date stated above.

23A. SIGNATURE Edwin Muller M. D.
23B. ADDRESS 2 W Read St
23C. DATE SIGNED Dec 9 1950

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial
24B. DATE 12/11/50
24C. NAME OF CEMETERY ~~OR CREMATORY~~ Mt. St. Agnes Convent
24D. LOCATION (City, town, or county) (State) Mount Washington

DATE RECEIVED BY LOCAL REGISTRAR DEC 10 1950
REGISTRAR'S SIGNATURE Huntington Williams, M.D.
25. FUNERAL DIRECTOR H. W. Miarisson
ADDRESS 805 N. Calvert St.

83a

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be furnished if supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

C-140

ND-143955 50-10539

BIRTH NO. 50-26304

50-10539

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

1. NAME OF DECEASED (Type or Print): Baby Girl Coble (Stella)

2. DATE OF DEATH: Dec.7,1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Baltimore City Hospitals, 4940 Eastern Avenue
C. Length of stay in Baltimore: Life (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 11-01
D. STREET ADDRESS (If rural, give location): 627 N. Calvert St. (2)

31

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: 12-5-50
9. AGE (In years last birthday): If Under 1 Year: Months: Days: 2; If Under 24 Hours: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Charles Coble
14. MOTHER'S MAIDEN NAME: Stella Costik
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown):
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Baltimore City Hospitals Records: ADDRESS: 4940 Eastern Avenue

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Intrauterine infection and possible intracranial hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: Life

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

760.0

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12-5, 1950 *to* 12-7, 1950 *that I last saw the deceased alive on* 12-7, 1950 *and that death occurred at* 5 a *m., from the causes and on the date stated above.*

23A. SIGNATURE: [illegible] M. D.
23B. ADDRESS: 4940 Eastern Avenue
23C. DATE SIGNED: 12-8-50

24A. BURIAL, CREMATION, REMOVAL (Specify):
24B. DATE: 12/10/50
24C. NAME OF CEMETERY OR CREMATORY: Sacred Heart Cem
24D. LOCATION (City, town, or county) (State): Berman Hill Rd Md

DATE RECEIVED BY LOCAL REGISTRAR: DEC 10 1950
REGISTRAR'S SIGNATURE: [illegible] for Williams, M.D.
25. FUNERAL DIRECTOR: John J. Faherty Sons.
ADDRESS: 1318 Light St. 1600

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be furnished if supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

V-3 10540 X 50-10540

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. Registered No.

1. NAME OF DECEASED (Type or Print): Sylvester Vaeth

2. DATE OF DEATH: 12/7/50

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Agnes Hospital
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: Baltimore
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore Pikesville
D. STREET ADDRESS (If rural, give location): 214 Church Lane 5200

5. SEX: m
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: 47 yrs.
9. AGE (In years last birthday): 47
If Under 1 Year: Months Days
If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: George 7.
14. MOTHER'S MAIDEN NAME: Sophia Nengle

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown):
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Thelma Vaeth ADDRESS: Same

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) — INTERVAL BETWEEN ONSET AND DEATH

(A) Bronchogenic Carcinoma, Rt. Lung, with Metastasis to Hilar Lymph Glands — 4 months

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Overwhelming Toxemia

19A. DATE OF OPERATION: Nov. 27, 1950
19B. MAJOR FINDINGS OF OPERATION: Bronchogenic Carcinoma, Rt. Lung
20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 19, 1950, to Dec. 7, 1950, that I last saw the deceased alive on Dec. 7, 1950 and that death occurred at 7½ m., from the causes and on the date stated above.

23A. SIGNATURE: Stephen R. Cadunis M. D.
23B. ADDRESS: St. Agnes Hospital
23C. DATE SIGNED: Dec. 7, 1950

24A. BURIAL, CREMATION, REMOVAL (Specify):
24B. DATE: 12/11/50
24C. NAME OF CEMETERY OR CREMATORY: Cathedral
24D. LOCATION (City, town, or county) (State): Old Frederick Rd

DATE RECEIVED BY LOCAL REGISTRAR: DEC 1 1950
REGISTRAR'S SIGNATURE: Arthur Williams M.D.
25. FUNERAL DIRECTOR: J. J. Fahey & Sons
ADDRESS: 1318 Light St

VS 150

47c

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

S-536 50-10541

50-10541

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Francis DeSales Santry

2. DATE OF DEATH 12-7-50

3. PLACE OF DEATH: A. Baltimore City, Maryland 4212 Parkmont

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Nursing Home

C. Length of stay in Baltimore Yrs. Mos. Days Life

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE B. COUNTY 3508 Oakmont Ave. Balto. Md.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) 27-18

D. STREET ADDRESS (If rural, give location) 3503 Oakmont Avenue

5. SEX m.

6. COLOR OR RACE w

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widower

8. DATE OF BIRTH

9. AGE (in years last birthday) 53 | If Under 1 Year: Months, Days | If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired

10B. KIND OF BUSINESS OR INDUSTRY UNKNOWN

11. BIRTHPLACE (State or foreign country) Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME John Santry

14. MOTHER'S MAIDEN NAME Flynn

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Bronchial pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 3 days

DUE TO

(B) General Carcinomatosis

DUE TO

(C) Carcinoma of the prostate (over)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Paget's Disease

19A. DATE OF OPERATION July 1950

19B. MAJOR FINDINGS OF OPERATION Pathological fracture of left femur due to Paget's disease.

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) ~~July 1950~~ no

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* January 1st, 1949 *to* December 7, 1950, *that I last saw the deceased alive on* Dec. 6th, 1950, *and that death occurred at* 10 p. m., *from the causes and on the date stated above.*

23A. SIGNATURE R. L. Keyser M. D.

23B. ADDRESS Westminster Md.

23C. DATE SIGNED 12-8-50

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE 12/11/50

24C. NAME OF CEMETERY OR CREMATORY Cathedral

24D. LOCATION (City, town, or county) (State) Old Frederick Rd

DATE RECEIVED BY LOCAL REGISTRAR DEC 10 1950

REGISTRAR'S SIGNATURE Winston Williams M.D.

25. FUNERAL DIRECTOR J. J. Foley & Sons

ADDRESS 1318 Light St

VS 150

51 B

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

If possible, please state a more definite anatomical location of the malignant tumor. —

Also, — written in clinical history indication of prostate primary site of malignancy? —

See Document File 50-10541 for full query report

12/18/50 ES

A-246
50-10542

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50-10542
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): AXELROD, AARON S. (Rabbi)

2. DATE OF DEATH: 12/9/50

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sinai Hospital
C. Length of stay in Baltimore: 30 yrs. (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 6-03
D. STREET ADDRESS (If rural, give location): 133 N Collington ave

5. SEX: Male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widower
8. DATE OF BIRTH: 1868
9. AGE (In years last birthday): 82 — If Under 1 Year: Months: Days — If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Rev
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Russia
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Mayer Axelrod
14. MOTHER'S MAIDEN NAME: Rachel Resnick

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown):
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Rabbi Abraham Elie Axelrod — ADDRESS 133 N Collington ave

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Bronchopneumonia.
DUE TO
(B) Fractured hip - left
DUE TO
(C)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

E903.0

CERTIFICATION APPROVED BY
Stanley K. Dunscombe M.D.
CHIEF OR ASST. MEDICAL EXAMINER

19A. DATE OF OPERATION: None
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify): Accident
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.): Home
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): 133 N Collington
21D. TIME OF INJURY (Month) (Day) (Year) (Hour): 11-18-50 m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☑
21F. HOW DID INJURY OCCUR? Fell down Slipped and fell to floor 6-03

22. I hereby certify that I attended the deceased from 11-18, 1950, to 12-9, 1950, that I last saw the deceased alive on 12-9, 1950, and that death occurred at 5 A m., from the causes and on the date stated above.

23A. SIGNATURE: Joseph Louis Feingold M. D.
23B. ADDRESS: Sinai Hospital
23C. DATE SIGNED: 12-9-50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: Dec. 10/50
24C. NAME OF CEMETERY OR CREMATORY: Hebrew Int Cemetery
24D. LOCATION (City, town, or county) (State): German Hill Road Balto Md.

DATE RECEIVED BY LOCAL REGISTRAR: DEC 10 1950
REGISTRAR'S SIGNATURE: Minnie Lee Williams, M.D.
25. FUNERAL DIRECTOR: Sol Rubinsons Bros
ADDRESS: 1126 W North ave

VS 150

N-820.0

186a

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given if supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Fell down stairs?

on same level?

or ?

B-625 50-10543

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50-10543 Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): FANNIE BRISKMAN

2. DATE OF DEATH: 12/7/1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 3525 LYNCHESTER RD
C. Length of stay in Baltimore: 56 Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BALTIMORE 15-11
D. STREET ADDRESS (If rural, give location): 3525 LYNCHESTER RD

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): WIDOW
8. DATE OF BIRTH:
9. AGE (In years last birthday): 76 — If Under 1 Year: Months: Days — If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSE WORK
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): RUSSIA
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: ZALMAN
14. MOTHER'S MAIDEN NAME: ROSE

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT: MRS. J. M. WEINER — ADDRESS: 3525 LYNCHESTER RD.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) arteriosclerotic heart disease — INTERVAL BETWEEN ONSET AND DEATH: years
DUE TO
(B)
DUE TO
(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1944, 19__, *to* 12/7, 1950, *that I last saw the deceased alive on* 12/6, 1950, *and that death occurred at* 6 A *m., from the causes and on the date stated above.*

23A. SIGNATURE: Michael B Kush M. D.
23B. ADDRESS: 2320 Entrance
23C. DATE SIGNED: 12/7/50

24A. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: 12/10/1950
24C. NAME OF CEMETERY OR CREMATORY: ROSEDALE
24D. LOCATION (City, town, or county) (State): BALTO. MD

DATE RECEIVED BY LOCAL REGISTRAR:
REGISTRAR'S SIGNATURE: Theodore Williams M.D.
25. FUNERAL DIRECTOR: JACK LEWIS INC. — ADDRESS: 2100 EUTAW PL

DEC 1 0 1950 VS 150 DEC 1 0 1950

93D

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Kerr
2320 Eastwood

R-251

50-10544

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50-10544

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Annie Rosenberg

2. DATE OF DEATH: 8 Dec '50

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sinai Hospital
C. Length of stay in Baltimore: 60 Yrs. ~~Mos.~~ ~~Days~~

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 15-05
D. STREET ADDRESS (If rural, give location): 2726 Reisterstown Road

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widow
8. DATE OF BIRTH:
9. AGE (In years last birthday): 73 — If Under 1 Year: Months: Days — If Under 24 Hours: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Russia
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Morris
14. MOTHER'S MAIDEN NAME: Mary
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown):
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Morton Rosenberg — ADDRESS: 3526 Lyndhurst Rd

MEDICAL CERTIFICATION

18. 442X

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Probable cerebral emboli

DUE TO

ANTECEDENT CAUSES

(B) A.S.C.V. Renal Disease.

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21E. INJURY OCCURRED WHILE AT WORK ☐ ~~NOT WHILE AT WORK~~ ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4 Dec, 1950, *to* 8 Dec., 1950, *that I last saw the deceased alive on* 8 Dec 1950 *and that death occurred at* 9:17 p m., *from the causes and on the date stated above.*

23A. SIGNATURE: George H. Greenstein M. D.
23B. ADDRESS: Sinai Hospital
23C. DATE SIGNED: 8 Dec. 50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12-10-50
24C. NAME OF CEMETERY OR CREMATORY: Shaarei Tfiloh
24D. LOCATION (City, town, or county) (State): Balto Md

DATE RECEIVED BY LOCAL REGISTRAR:
REGISTRAR'S SIGNATURE: [illegible] Williams, M.D.
FUNERAL DIRECTOR: Jack Lewis Inc.
ADDRESS: 2100 Gutaw Pl

DEC 16 1950

Vs 159

131a

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G-652
50-10545

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50-10545
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): FANNY GREENSTEIN
2. DATE OF DEATH: 12-9-50

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1920 W. North Ave
C. Length of stay in Baltimore: 60 Yrs. ~~Mos.~~ ~~Days~~

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 15-04
D. STREET ADDRESS (If rural, give location): 1920 W North Ave

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widow
8. DATE OF BIRTH:
9. AGE (In years last birthday): 70 — If Under 1 Year: Months: Days — If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Russia
12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: not known
14. MOTHER'S MAIDEN NAME: not known

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown):
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Mrs Mary Block — ADDRESS: Same

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — 450.0 and E903.0

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Broncho Pneumonia (Terminal) — INTERVAL BETWEEN ONSET AND DEATH: 1 day
DUE TO
ANTECEDENT CAUSES
(B) General Arteriosclerosis — 2
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
DUE TO
(C) Fracture right hip — 9/50

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

CERTIFICATION APPROVED BY
R. B. Fisher M. D.
CHIEF OR ASST. MEDICAL EXAMINER

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☒ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.): bathroom at home
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): 1920 W. North Avenue
21D. TIME OF INJURY (Month) (Day) (Year) (Hour): September 1, 1950 5.30 p.m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21F. HOW DID INJURY OCCUR?: Slipped and fell on bathroom floor

22. *I hereby certify that I attended the deceased from* 2/1, 1946, *to* 12/9, 1950, *that I last saw the deceased alive on* 12/5, 1950, *and that death occurred at* 8.27 *a.m., from the causes and on the date stated above.*

23A. SIGNATURE: R. Zemberg M. D.
23B. ADDRESS: 2310 Eutaw Pl
23C. DATE SIGNED: 12/9/50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12-10-50
24C. NAME OF CEMETERY OR CREMATORY: United Hebrew
24D. LOCATION (City, town, or county) (State): Balto Md

DATE RECEIVED BY LOCAL REGISTRAR:
REGISTRAR'S SIGNATURE: Washington Williams, M.D.
25. FUNERAL DIRECTOR: Jack Lewis Inc
ADDRESS: 2100 Eutaw Pl

DEC 10 1950

VS 150

97

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be furnished if supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Jenkins
2030 Bertolet Pl

W-314

BIRTH NO. 50-10546

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 50-10546

1. NAME OF DECEASED (Type or Print): Elizabeth G. Wiedefeld

2. DATE OF DEATH: Dec. 8, 1950

3. PLACE OF DEATH: A. Baltimore City, Maryland 3206 Elgin Ave

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 00

C. Length of stay in Baltimore (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 15-47
D. STREET ADDRESS (If rural, give location): 3206 Elgin Ave

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: May 10, 1882

9. AGE (In years last birthday): 68 — If Under 1 Year: Months: Days — If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired

10B. KIND OF BUSINESS OR INDUSTRY: Sales lady (Corsets)

11. BIRTHPLACE (State or foreign country): (A) Baltimore

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Henry C. Wiedefeld

14. MOTHER'S MAIDEN NAME: Deborah L. Burgan

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 218-01-7563

17. INFORMANT: Rita Wiedefeld, ADDRESS: 900 E. Biddle St

MEDICAL CERTIFICATION

18. 420.1

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral and pulmonary emboli

DUE TO

ANTECEDENT CAUSES

(B) Mural thrombus due to auricular fibrillation assoc. c̄ arteriosclerotic cardio-vascular disease c̄ failure

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C) partially compensated c̄ digitalis

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* October, 1950 *to* December 8, 1950, *that I last saw the deceased alive on* 12-7, 1950, *and that death occurred at* 9 a m., *from the causes and on the date stated above.*

23A. SIGNATURE: Henry W. D. Hollges M. D.

23B. ADDRESS: 3308 W. North Ave.

23C. DATE SIGNED: 12-8-50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial

24B. DATE: Dec. 11, 1950

24C. NAME OF CEMETERY OR CREMATORY: Cathedral

24D. LOCATION (City, town, or county) (State): Baltimore

DATE RECEIVED BY LOCAL REGISTRAR: DEC 10 1950

REGISTRAR'S SIGNATURE: Christopher Williams, M.D.

25. FUNERAL DIRECTOR: Philip Herwig, ADDRESS: 2024 Orleans St

4906 E

937

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be furnished if possible. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

H-453
50-10547

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

X 50-10547
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): George D. Holland
2. DATE OF DEATH: 8 Dec '50

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sinai Hospital
C. Length of stay in Baltimore: Life Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: Baltimore
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Middle River
D. STREET ADDRESS (If rural, give location): 17 Hawthorne Ave.

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: 1877
9. AGE (In years last birthday): 73 — If Under 1 Year: Months / Days — If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10B. KIND OF BUSINESS OR INDUSTRY: Baltimore Transit Co.--Md. St. Railway
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Oliver S. Holland
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: George H. Holland
ADDRESS: 17 Hawthorne Ave. Middle River

MEDICAL CERTIFICATION

CAUSE OF DEATH

18. 420.0

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Pulmonary Edema
DUE TO
(B) Hypertensive ASHD.
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8 Dec, 1950, to 8 Dec, 1950, that I last saw the deceased alive on 8 Dec, 1950, and that death occurred at 11:58 p.m., from the causes and on the date stated above.

23A. SIGNATURE: George H. Thurston M. D.
23B. ADDRESS: Sinai Hosp
23C. DATE SIGNED: 9 Dec. 50.

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12/12/50
24C. NAME OF CEMETERY OR CREMATORY: Mt. Zion M.E. Church Cemetery
24D. LOCATION (City, town, or county) (State): Harford Co. Md.

DATE RECEIVED BY LOCAL REGISTRAR: DEC 1 01950
REGISTRAR'S SIGNATURE: Charlotte Williams M.D.
25. FUNERAL DIRECTOR: Harry H. Witzke
ADDRESS: 4101 Edmondson Ave

51 93D

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be furnished if supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

L-650
50-10548

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50-10548
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Josephine M. Lerian
2. DATE OF DEATH: 12/7/50

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 728 Lyndhurst St.
C. Length of stay in Baltimore: Life (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 16-08
D. STREET ADDRESS (If rural, give location): 728 Lyndhurst St.

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widow
8. DATE OF BIRTH: May 5, 1877
9. AGE (In years last birthday): 73
If Under 1 Year: Months Days
If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10B. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Henry Kaiser
14. MOTHER'S MAIDEN NAME: Josephine Butsche

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Wilmer L. Lerian, ADDRESS: 728 Lyndhurst St.

MEDICAL CERTIFICATION

18. 157X

CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Malignancy of Pancreas, stomach, and Gallbladder — INTERVAL BETWEEN ONSET AND DEATH: 3 mos.

DUE TO

ANTECEDENT CAUSES

(B) over

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: Nov. 8/50
19B. MAJOR FINDINGS OF OPERATION: As above
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov. 8, 19 50, *to* Dec. 7/50, 19__, *that I last saw the deceased alive on* Dec. 7, 19 50, *and that death occurred at* 6 p.m., *from the causes and on the date stated above.*

23A. SIGNATURE: Daniel J. Shanahan M. D.
23B. ADDRESS: 1945 W. Baltimore St. (23)
23C. DATE SIGNED: 12-9-50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12/11/50
24C. NAME OF CEMETERY OR CREMATORY: New Cathedral, 4300 Old Frederick Rd.
24D. LOCATION (City, town, or county) (State): Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR: DEC 10 1950
REGISTRAR'S SIGNATURE: Winfrey Williams, M.D.
25. FUNERAL DIRECTOR: Harry H. Weitzel
ADDRESS: 4101 Edmondson Ave.

VS 150

469

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be furnished if possible. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Was there any indication in clinical history of probable primary site of malignancy?

Primary site "Probably in the pancreas"
See Document File 50-10548 12/21/50
ES

B-200
50-10549

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50-10549

BIRTH NO.

1. NAME OF DECEASED (Type or Print) William H. Busey

2. DATE OF DEATH 12/7/50

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 1005 Walnut Ave.
C. Length of stay in Baltimore Life Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Md.
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 28-04
D. STREET ADDRESS (If rural, give location) 1005 Walnut Ave.

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Aug. 18, 1874
9. AGE (In years last birthday) 76
If Under 1 Year: Months Days
If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ass't Treasurer
10B. KIND OF BUSINESS OR INDUSTRY Md. Title & Guarantee
11. BIRTHPLACE (State or foreign country) Balto. Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME William H. Busey
14. MOTHER'S MAIDEN NAME Laura -----

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Mrs. Blanche Busey, ADDRESS 1005 Walnut Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) coronary artery disease — INTERVAL BETWEEN ONSET AND DEATH: 6 mo.
DUE TO
(B) probably a coronary occlusion.
DUE TO
(C) granulated arteriosclerosis. — ?

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov. 5, 1935, *to* Dec. 7, 1950, *that I last saw the deceased alive on* Dec 6, 1950, *and that death occurred at* 6:45 p.m., *from the causes and on the date stated above.*

23A. SIGNATURE Harry A. Kupp M. D.
23B. ADDRESS 3030 Edmondson Ave
23C. DATE SIGNED 12/9/50

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial
24B. DATE 12/11/50
24C. NAME OF CEMETERY OR CREMATORY Loudon Park, 3801 Frederick Rd.
24D. LOCATION (City, town, or county) Balto. (State) Md.

DATE RECEIVED BY LOCAL REGISTRAR
REGISTRAR'S SIGNATURE Walton H. Williams, M.D.
25. FUNERAL DIRECTOR Harry A. Kurtz
ADDRESS 4101 Edmondson Ave.

VS 150
DEC 10 1950

94a

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G-255

50-10550

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50-10550

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) OLLIE Adam Gossman

2. DATE OF DEATH Dec. 7, 1950

3. PLACE OF DEATH: A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) THE JOHNS HOPKINS HOSPITAL

C. Length of stay in Baltimore Life Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 6-03

D. STREET ADDRESS (If rural, give location) 2105 E. Lanley St

5. SEX male

6. COLOR OR RACE white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH 4-21-80

9. AGE (In years last birthday) 70 If Under 1 Year: Months Days If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) labor

10B. KIND OF BUSINESS OR INDUSTRY Crossed Blackwell FRUIT PACKING

11. BIRTHPLACE (State or foreign country) Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Oliver Gossman

14. MOTHER'S MAIDEN NAME Caroline Edell

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 218-10-1140A

17. INFORMANT THE JOHNS HOPKINS HOSPITAL ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) MYOCARDIAL INFARCTION — INTERVAL BETWEEN ONSET AND DEATH: 36 HRS.

DUE TO

ANTECEDENT CAUSES

(B) ARTERIOSCLEROSIS — 10 YRS.

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12/5 *, 195*0 *, to* 12/7 *, 195*0 *, that I last saw the deceased alive on* 12/7 *, 195*0 *, and that death occurred at* 2 P *m., from the causes and on the date stated above.*

23A. SIGNATURE Joseph Stokes III M. D.

23B. ADDRESS THE JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED 12-8-50

24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL

24B. DATE DEC 11 1950

24C. NAME OF CEMETERY OR CREMATORY BALTIMORE CEMETERY

24D. LOCATION (City, town, or County) NORTH AVE & GAY ST (State) MD.

DATE RECEIVED BY LOCAL REGISTRAR DEC 12 1950

REGISTRAR'S SIGNATURE Winston Williams M.D.

25. FUNERAL DIRECTOR Duffel Bro

ADDRESS 1800 E LOMBARD ST.

VS 150

97042

94a

K-532
K-653
BIRTH NO.

50-10551
Registered No.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1. NAME OF DECEASED (Type or Print): HAROLD KANTZ (or) HARALD Krantz

2. DATE OF DEATH: December 8, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Johns Hopkins Hospital
C. Length of stay in Baltimore: 26 Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 2-07
D. STREET ADDRESS (If rural, give location): 109 S. Broadway

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: FEB 21 1887
9. AGE (In years last birthday): 63
If Under 1 Year: Months: Days: If Under 24 Hours: Hours: Min.:
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Rigger Retired
10B. KIND OF BUSINESS OR INDUSTRY: Seaman
11. BIRTHPLACE (State or foreign country): Porsgrund Norway
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: ?
14. MOTHER'S MAIDEN NAME: ?
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown):
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Charles Torgersen
ADDRESS: 1817 E. Pratt St.

MEDICAL CERTIFICATION

CAUSE OF DEATH

18. 422.1

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Arteriosclerotic cardiovascular disease
DUE TO
(B)
DUE TO
(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* Inquiry & Inspection (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☒, *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

23A. SIGNATURE: Stanley H. Dunlaskin M.D.
23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR ☐
23C. DATE SIGNED: Dec. 9, 1950

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12-12-50
24C. NAME OF CEMETERY OR CREMATORY: Mt. Carmel Cem.
24D. LOCATION (City, town, or county) (State): O'Donnell St. Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR:
REGISTRAR'S SIGNATURE: Martin Williams M.D.
25. FUNERAL DIRECTOR: Dippel Bros.
ADDRESS: 1800 E. Lombard St.

VS 151

594 55 937

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be [illegible]ful[illegible] supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legally.

B-426

50-10552

50-10552

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Vincent L. Blocker Blocher

2. DATE OF DEATH: Dec. 9, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1429 Bolton ST.
C. Length of stay in Baltimore: 7 years (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY: Baltimore
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 14-01
D. STREET ADDRESS (If rural, give location): 1429 Bolton St.

5. SEX: Male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widower
8. DATE OF BIRTH: August 12, 1878
9. AGE (In years last birthday): (72) If Under 1 Year: Months, Days; If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Pharmist
10B. KIND OF BUSINESS OR INDUSTRY: Retired
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: John Blocher
14. MOTHER'S MAIDEN NAME: Mary Stanton

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Joseph Blocher ADDRESS: 1429 Bolton St.

MEDICAL CERTIFICATION

18. 443X I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Hypertension Cardio Vascular Disease

DUE TO

(B) Arteriosclerosis - Myocardial fib

DUE TO

(C) Uremia

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May, 19 47, *to* Dec. 9, 19 50, *that I last saw the deceased alive on* Dec 9, 19 50, *and that death occurred at* ____ *m., from the causes and on the date stated above.*

23A. SIGNATURE: N. E. Okeefe M. D.
23B. ADDRESS: 2314-W. North Avenue
23C. DATE SIGNED: Dec. 10 1950

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: Dec. 12, 1950
24C. NAME OF CEMETERY OR CREMATORY: St. Micael's Cem.
24D. LOCATION (City, town, or county) (State): Frostburg Maryland

DATE RECEIVED BY LOCAL REGISTRAR: DEC 10 1950
REGISTRAR'S SIGNATURE: Martha T. Williams, M.D.
25. FUNERAL DIRECTOR: Chas. F. Evans & Son
ADDRESS: 118 W. Mt. Royal Ave.

VS 150

0736L 93

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be [illegible] fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Dr. Nathan E. Needle
6006 Park Height Ave.

11:00 AM To 12:00

S432
50-10553
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50-10553
Registered No.

1. NAME OF DECEASED (Type or Print): Jefferson D Sheilds
2. DATE OF DEATH: Dec 8th I950

3. PLACE OF DEATH:
A. Baltimore City, Maryland I923 Griffiss Ave
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 00
C. Length of stay in Baltimore: Life (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: I923 Griffiss Ave
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Balto 30 Md 25-43
D. STREET ADDRESS (If rural, give location)

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Oct I2 I862 ?
9. AGE (In years last birthday): 88 87 — If Under 1 Year: Months: 11 Days: 18 — If Under 24 Hours: Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clerk
10B. KIND OF BUSINESS OR INDUSTRY: Retail Business
11. BIRTHPLACE (State or foreign country): Balto City
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Absalom Shields
14. MOTHER'S MAIDEN NAME: Margaret Slater

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: GIVEN 1923 ADDRESS: Marie A. Griffiss Ave Balto Md

MEDICAL CERTIFICATION

18. 420.0

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

(A) Acute congestive heart failure — Approx 24 hrs.
DUE TO
(B) Arteriosclerotic heart disease
DUE TO
(C) Generalized arteriosclerosis

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT: Benign prostatic hypertrophy

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12/8, 1950, *to* 12/8, 1950, *that I last saw the deceased alive on* 12/8, 1950, *and that death occurred at* 5 40 p. m., *from the causes and on the date stated above.*

23A. SIGNATURE: Herbert O. Lerchpoe M. D.
23B. ADDRESS: 5305 East Drive
23C. DATE SIGNED: 12/9/50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: I2-II 50
24C. NAME OF CEMETERY OR CREMATORY: Mt Olivet Cem
24D. LOCATION (City, town, or county) (State): Frederick Rd Balto Md

DATE RECEIVED BY LOCAL REGISTRAR: DEC 11 1950
REGISTRAR'S SIGNATURE: Hunter W. Williams M.D.
25. FUNERAL DIRECTOR: Edward Toulson
ADDRESS: 2359 Wash' Blvd

VS 150

93 D

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

P-420 50-10554

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50-10554

Registered No.

1. NAME OF DECEASED (Type or Print): Henry Plack

2. DATE OF DEATH: 12/7/50

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Maryland general Hospital
C. Length of stay in Baltimore: 71 Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 21-01
D. STREET ADDRESS (If rural, give location): 749 West Cross St #30

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Sept 27 1879
9. AGE (In years last birthday): 71 | If Under 1 Year: Months Days | If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Policeman
10B. KIND OF BUSINESS OR INDUSTRY: Retired - Balto
11. BIRTHPLACE (State or foreign country): Maryland.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Daniel Plack
14. MOTHER'S MAIDEN NAME: Louisa Muth

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): —
(If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: none
17. INFORMANT: Edna Plack wife ADDRESS: as above

MEDICAL CERTIFICATION

18. 527.1

CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cardiac decompensation — INTERVAL BETWEEN ONSET AND DEATH: unknown

DUE TO

ANTECEDENT CAUSES

(B) Chronic cor pulmonale — unknown

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C) ~~Fascic~~ Vesicular emphysema — unknown

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Uremia, Terminal — unknown

19A. DATE OF OPERATION: 2
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12/3, 1950 *to* 12-7, 1950 *that I last saw the deceased alive on* 12/7, 1950 *and that death occurred at* 7 45 *m., from the causes and on the date stated above.*

23A. SIGNATURE: Marguerite Louisa Candler M. D.
23B. ADDRESS: Maryland general Hospital
23C. DATE SIGNED: 12/7/50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: Dec 11-1950
24C. NAME OF CEMETERY OR CREMATORY: Loudon Park
24D. LOCATION (City, town, or county) (State): Baltimore Md.

DATE RECEIVED BY LOCAL REGISTRAR: DEC 11 1950
REGISTRAR'S SIGNATURE: Lauriston Williams M.D.
25. FUNERAL DIRECTOR: Andrew John H. Geupel & Son
ADDRESS: 5311 Edmondson Ave

VS 150

773 93

95c

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

MARGIN RESERVED FOR BINDING

M-352
50-10555

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X 50-10555

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Charles Madansky

2. DATE OF DEATH: December 10, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 3620 Reisterstown Road
C. Length of stay in Baltimore: 4 Days (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: N. Y. Maryland
B. COUNTY: V-29
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ~~Baltimore~~ Liberty
D. STREET ADDRESS (If rural, give location): 22 Church St Liberty N. Y.

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 1878
9. AGE (In years last birthday): 72 — If Under 1 Year: Months / Days — If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Painter
10B. KIND OF BUSINESS OR INDUSTRY: CONST
11. BIRTHPLACE (State or foreign country): Tussia RUSSIA
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Aaron Madansky
14. MOTHER'S MAIDEN NAME: Lillian

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.

17. INFORMANT: Leon Madansky — ADDRESS: 614 Walker Road

MEDICAL CERTIFICATION

18. 420.1

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Coronary thrombosis — 20 hrs

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Coronary ~~at~~ artery sclerosis — 1 year

DUE TO

(C) Generalized arterio sclerosis — 5 years

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec 9, 1950, *to* Dec 10, 1950 *that I last saw the deceased alive on* Dec 9, 1950, *and that death occurred at* 4 A *m., from the causes and on the date stated above.*

23A. SIGNATURE: Jack Cohen M. D.
23B. ADDRESS: 1804 Eutaw Place
23C. DATE SIGNED: 12/10/1950

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: Dec 11, 1950
24C. NAME OF CEMETERY OR CREMATORY: Chevrah Amuno Carlington
24D. LOCATION (City, town, or county) (State): Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR: DEC 11 1950
REGISTRAR'S SIGNATURE: Walter Williams M.D.
26. FUNERAL DIRECTOR: Sol Levinson & Bro
ADDRESS: 1126 W North ave

56424 94a

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

D-162
50-10556

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50-10556
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): FRANCES DABROWSKI
2. DATE OF DEATH: Dec. 9, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Johns Hopkins Hosp.
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MD
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BALTIMORE 3-01
D. STREET ADDRESS (If rural, give location): 431 S DALLAS ST

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED
8. DATE OF BIRTH: JULY
9. AGE (In years last birthday): 70 — If Under 1 Year: Months, Days — If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): POLAND
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: JOHN GARDECKI
14. MOTHER'S MAIDEN NAME: UNK.

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 218055922
17. INFORMANT: WALTER DABROWSKI — ADDRESS:

MEDICAL CERTIFICATION

18. E812.4

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

(A) Fracture of skull + pelvis
DUE TO
(B) Intra cranial hemorrhage
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21A. EXTERNAL CAUSE WAS UNDERLYING ☑ OR CONTRIBUTING ☐ CAUSE OF DEATH.
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.): Street
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): Dallas and Eastern Ave 3/1
21D. TIME OF INJURY (Month) (Day) (Year) (Hour): Dec 4, 1950 m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☑
21F. HOW DID INJURY OCCUR? Pedestrian hit by car (Auto)

22. *I certify that I took charge of the remains described above, held an* ~~Autopsy~~ Inspection + Inquiry *thereon and from the evidence obtained by said* ~~Autopsy~~ *Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☐, *accident* ☑, *suicide* ☐, *homicide* ☐, *undetermined* ☐.
(Autopsy, Inspection or Inquiry)

23A. SIGNATURE: Stanley H. Dunlaeker M.D.
23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☐
23C. DATE SIGNED: Dec 10, 1950

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: Dec. 13/50
24C. NAME OF CEMETERY OR CREMATORY: Holy Rosary
24D. LOCATION (City, town, or county) (State): Baltimore

DATE RECEIVED BY LOCAL REGISTRAR: DEC 11 1950
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Fred M. Ozazewski — ADDRESS: 1930 Eastern Ave

VS 151 N 804.2

170 C

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be furnished if possible. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

O-216

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. 50-10557 50-28006

Registered No. 50-10557

1. NAME OF DECEASED (Type or Print): Thomas Wesley Osborne Twin 2

2. DATE OF DEATH: 12-10-50

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bon Secours Hospital
c. Length of stay in Baltimore: Yrs. 34 Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MD
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 16-05
D. STREET ADDRESS (If rural, give location): 2506 W. Lafayette Ave

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: 12-7-50
9. AGE (In years last birthday): If Under 1 Year Months: Days: 3 If Under 24 Hours Hours: Min.:
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Baltimore, Md
12. CITIZEN OF WHAT COUNTRY?:
13. FATHER'S NAME: John Edward Osborne
14. MOTHER'S MAIDEN NAME: Leona Joan Prosther
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown):
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Mr. John E. Osborne
ADDRESS: Same

MEDICAL CERTIFICATION

18. 762.5

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) ASPHYXIA

DUE TO

ANTECEDENT CAUSES

(B) ATELECTASIS

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C) PREMATURITY

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 12-7, 1950, *to* 12-10, 1950, *that I last saw the deceased alive on* 12-10, 1950, *and that death occurred at* 7:00 *m., from the causes and on the date stated above.*

23A. SIGNATURE: Edward M Rehak M. D.
23B. ADDRESS: Bon Secours Hospital
23C. DATE SIGNED: 12-10-50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: Dec. 11 1950
24C. NAME OF CEMETERY OR CREMATORY: Lorraine
24D. LOCATION (City, town, or county) (State): Woodlawn, Md

DATE RECEIVED BY LOCAL REGISTRAR: DEC 11 1950
REGISTRAR'S SIGNATURE: John Marcus, M.D.
25. FUNERAL DIRECTOR: William J Tuckner + Sons
ADDRESS: Arch + Penna Ave.

VS 150

159

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be [illegible] supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M-632

50-10558

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50-10558

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): MATTHEW MERTZ

2. DATE OF DEATH: December 8, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mercy Hospital
C. Length of stay in Baltimore (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 20-07
D. STREET ADDRESS (If rural, give location): 521 Edgewood Street

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: June 17, 1875
9. AGE (In years last birthday): 75
If Under 1 Year: Months / Days
If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): painter
10B. KIND OF BUSINESS OR INDUSTRY: House painting
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Conrad Mertz
14. MOTHER'S MAIDEN NAME: Marie Essenwein

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): none
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT: Mrs. Bertha E. Mertz
ADDRESS: 521 Edgewood St.

MEDICAL CERTIFICATION

18. E902.6

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Fracture of skull

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Rupture of liver

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21A. EXTERNAL CAUSE WAS UNDERLYING [X] OR CONTRIBUTING [ ] CAUSE OF DEATH.
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.): Public place
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): 20 E. Lexington Street 4/1
21D. TIME OF INJURY (Month) (Day) (Year) (Hour): Dec. 8, 1950 2:00 P. m.
21E. INJURY OCCURRED: WHILE AT WORK [X] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR? Fell to ground from scaffold from 3rd floor level

22. *I certify that I took charge of the remains described above, held an* Autopsy (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes [ ], accident [X], suicide [ ], homicide [ ], undetermined [ ].*

23A. SIGNATURE: Stanley F. Duncan M.D.
23B. CHIEF MEDICAL EXAMINER [ ] ASSISTANT MEDICAL EXAMINER [X] MEDICAL INVESTIGATOR [ ]
23C. DATE SIGNED: Dec. 9, 1950

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12/12/50
24C. NAME OF CEMETERY OR CREMATORY: Loudon Park Cem.
24D. LOCATION (City, town, or county) (State): Balto., Md.

DATE RECEIVED BY LOCAL REGISTRAR: DEC 11 1950
REGISTRAR'S SIGNATURE: Charles J. Williams, M.D.
25. FUNERAL DIRECTOR: Wm. J. Tickner & Son
ADDRESS: 186a Md

VS 151

N-803.2

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be furnished. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

D-100

50-10559

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50-10559

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Clinton Oliver DeHoff

2. DATE OF DEATH: Dec 7, 1950

3. PLACE OF DEATH: A. Baltimore City, Maryland 507 Wellesley St.

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 00

C. Length of stay in Baltimore: 50 Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Maryland

B. COUNTY:

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 20-06

D. STREET ADDRESS (If rural, give location): 507 Wellsley St

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: June 15-1881

9. AGE (In years last birthday): 69

If Under 1 Year: Months: Days

If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Towel & Apron Supply

10B. KIND OF BUSINESS OR INDUSTRY: Self

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Samuel De Hoff

14. MOTHER'S MAIDEN NAME: Martha Appold

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 213-01-8562

17. INFORMANT: Mrs Minnie DeHoff ADDRESS: 507 Wellsley St

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

443X

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Hypertensive Cardio-Vascular Disease — INTERVAL BETWEEN ONSET AND DEATH: 9 yrs

DUE TO

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C) Chronic Benign Prostatic Hypertrophy 3 yrs

Posterior Mediastinal Mass-Etiology Undetermined 10 yrs.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: None

19B. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify): None

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.: None

21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* ____, 1941, *to* Dec 7, 1950, *that I last saw the deceased alive on* Dec 6, 1950 *and that death occurred at* 6 30 A. m., *from the causes and on the date stated above.*

23A. SIGNATURE: Earl Pass M. D.

23B. ADDRESS: 4001 Wilkens Ave

23C. DATE SIGNED: Dec 7, 1950

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial

24B. DATE: 12-11-50

24C. NAME OF CEMETERY OR CREMATORY: Western Cemetery

24D. LOCATION (City, town, or county) (State): Baltimore Md

DATE RECEIVED BY LOCAL REGISTRAR: DEC 11 1950

VS 150

REGISTRAR'S SIGNATURE: Thurston Williams, M.D.

25. FUNERAL DIRECTOR: Geo. L. Berger Jr. ADDRESS: 1512 Hollins St Balt. 23 Md

2908C

93D

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be furnished if possible. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

K-460
50-10560

50-10560

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): JACOB KEULER

2. DATE OF DEATH: DEC. 9, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2216 FREDERICK AVE.
C. Length of stay in Baltimore: 68 YRS. (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BALTIMORE 20-04
D. STREET ADDRESS (If rural, give location): 2216 FREDERICK AVE

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: MAY 30, 1865
9. AGE (In years last birthday): 85
If Under 1 Year: Months: Days
If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): BAKER
10B. KIND OF BUSINESS OR INDUSTRY: BAKERY
11. BIRTHPLACE (State or foreign country): GERMANY
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): NO
(If yes, give war or dates of service): NONE
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT: MRS. MATILDA KEULER
ADDRESS: 2216 FREDERICK AVE

MEDICAL CERTIFICATION:

18. 150X

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Carcinoma of esophagus — ?
DUE TO

ANTECEDENT CAUSES
(B)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
DUE TO
(C) Arteriosclerosis — ?

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 15, 1950, to Dec. 9, 1950, that I last saw the deceased alive on Dec. 7, 1950, and that death occurred at 2:45 Am., from the causes and on the date stated above.

23A. SIGNATURE: Wm. Langlin M. D.
23B. ADDRESS: 4038 Edmondson Village
23C. DATE SIGNED: 12/9/50

24A. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: 12-12-50
24C. NAME OF CEMETERY OR CREMATORY: Loudon Park
24D. LOCATION (City, town, or county) (State): BALTIMORE, Md.

DATE RECEIVED BY LOCAL REGISTRAR: DEC 11 1950
REGISTRAR'S SIGNATURE: for Williams, M.D.
25. FUNERAL DIRECTOR: GEO. L. Schwab
ADDRESS: 2101 FREDERICK AVE.

VS 150

46a

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be furnished if supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

R-320
R-300

BIRTH NO.

50-10561

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50-10561
Registered No.

1. NAME OF DECEASED (Type or Print): GLADYS RHOADS (RHODE)

2. DATE OF DEATH: 8 Dec 50

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Good Samaritan Hosp 27 N. Carey St
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Balto 14-02
D. STREET ADDRESS (If rural, give location): 1520 Eutaw Place

5. SEX: Female
6. COLOR OR RACE: White
7. ~~SINGLE~~, MARRIED, ~~WIDOWED, DIVORCED~~ (Specify): Married
8. DATE OF BIRTH: About 1917
9. AGE (In years last birthday): About 33
If Under 1 Year: Months: Days
If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: At Home
11. BIRTHPLACE (State or foreign country): Va
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Floyd Byrd
14. MOTHER'S MAIDEN NAME: Angeline (Unknown)

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: —
17. INFORMANT: Anna Malatesta
ADDRESS: 655 Washington Blvd

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

171X

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Carcinoma of the uterine cervix with metastases.

DUE TO

(B)

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 14 Nov, 1950, *to* 8 Dec, 1950, *that I last saw the deceased alive on* 6 Dec, 1950, *and that death occurred at* 7³⁰ A m., *from the causes and on the date stated above.*

23A. SIGNATURE: Emil H. Henning Jr M. D.
23B. ADDRESS: 601 Winans Way
23C. DATE SIGNED: 8 Dec 50

24A. BURIAL, ~~CREMATION, REMOVAL~~ (Specify): Burial
24B. DATE: 12/11/50
24C. NAME OF CEMETERY ~~OR CREMATORY~~: St. Peters
24D. LOCATION (City, town, or county) (State): Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR: DEC 11 1950
REGISTRAR'S SIGNATURE: Huntington Williams M.D.
25. FUNERAL DIRECTOR: Wm Cook Inc.
ADDRESS: 1217 St. Paul St

48a

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be full supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

L - Med Exam. Case
50-10562
Released to Hosp

50-10562

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO. 4-50963

1. NAME OF DECEASED (Type or Print): JAMES LEWIS. AR177

2. DATE OF DEATH: DEC 8 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland Harriet Lane, Out Pt. Dept
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): THE JOHNS HOPKINS HOSPITAL
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 25-05
D. STREET ADDRESS (If rural, give location): 1303 Pilot Court

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: ~~May 7, 1946~~ Dec 2 1946
9. AGE (In years last birthday): 4 — If Under 1 Year: Months, Days — If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Balto Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Joseph Lewis
14. MOTHER'S MAIDEN NAME: Doris M. Brodsky

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: THE JOHNS HOPKINS HOSPITAL ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Ventricular tachycardia — INTERVAL BETWEEN ONSET AND DEATH:

DUE TO

ANTECEDENT CAUSES

(B) Diphtheritic myocarditis

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C) Diphtheria — soft palate — 6 days

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* ____ 19__, *to* ____, 19__, *that I last saw the deceased alive on* 12-8-, 1950 *and that death occurred at* 11 15 p. m., *from the causes and on the date stated above.*

23A. SIGNATURE: Lee W. Bass M. D.
23B. ADDRESS: THE JOHNS HOPKINS HOSPITAL
23C. DATE SIGNED: 12/9/50

24A. BURIAL, ~~CREMATION~~ REMOVAL (Specify): Burial
24B. DATE: 12/11/50
24C. NAME OF CEMETERY ~~OR CREMATORY~~: Western
24D. LOCATION (City, town, or county) (State): Balto. Md

DATE RECEIVED BY LOCAL REGISTRAR: DEC 11 1950
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Wm Cook Inc. ADDRESS: 1217 St. Paul st.

VS 150

To be approv. by Med Exam

10

TO ... MINER'S CASE
DR. C. J. LUBINSKI
per: R B Fisher M.D.
CHIEF OR ASS'T. MEDICAL EXAMINER

H-522

50-10563

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50-10563

Registered No.

1. NAME OF DECEASED (Type or Print): ELEANOR HANCOCK

2. DATE OF DEATH: 8 DEC 50

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): MERCY HOSPITAL

C. Length of stay in Baltimore: 19 Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BALTIMORE 15-06
D. STREET ADDRESS (If rural, give location): 1812 NORTH ROSEDALE ST.

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): MARRIED

8. DATE OF BIRTH: 14 Oct 1914

9. AGE (In years last birthday): 36

If Under 1 Year: Months: Days

If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE

10B. KIND OF BUSINESS OR INDUSTRY: at Home

11. BIRTHPLACE (State or foreign country): DELAWARE

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: ANDREW E COLE

14. MOTHER'S MAIDEN NAME: MARY PATRICK ✓

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No

(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: Mrs Wilbur N. Hancock

ADDRESS: 1812 N. Rosedale St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Rheumatic cardiovascular dis — INTERVAL BETWEEN ONSET AND DEATH: 30 yrs.

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(over)

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ✓ NO

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4 Nov 50, 19__, *to* 8 Dec, 19 50, *that I last saw the deceased alive on* 8 Dec, 19 50, *and that death occurred at* 11 35 Am., *from the causes and on the date stated above.*

23A. SIGNATURE: Oliver Ralph Rock M. D.

23B. ADDRESS: Mercy Hosp.

23C. DATE SIGNED: 8 Dec 50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial

24B. DATE: 12/12/50

24C. NAME OF CEMETERY OR CREMATORY: New Cathedral Cem.

24D. LOCATION (City, town, or county) (State): 4300 Old Frederick Rd.

DATE RECEIVED BY LOCAL REGISTRAR: DEC 11 1950

REGISTRAR'S SIGNATURE: Martin J. Williams, M.D.

25. FUNERAL DIRECTOR: John J. Cavanaugh & Son

ADDRESS: 93c Holins St.

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Was the rheumatic condition accompanied by active rheum fever at the time of death?

or inactive, quiescent — a chronic condition?

Fever inactive at time of death. Subacute bacterial endocarditis with massive infarcts to lung, spleen and rt. leg. Cardiac decompensation with pulmonary edema.

See Document File 50-10563
12/21/50 ES

J-122 50-10564

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50-10564

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): ABRAHAM JAVODICK

2. DATE OF DEATH: December 11, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Union Memorial Hospital
c. Length of stay in Baltimore: 44 Yrs. ~~Mos.~~ ~~Days~~

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 15-11
D. STREET ADDRESS (If rural, give location): 3901 Hilton Road

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH:
9. AGE (In years last birthday): 66 — If Under 1 Year: Months / Days — If Under 24 Hours: Hours / Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Grocer
10B. KIND OF BUSINESS OR INDUSTRY: self (a)
11. BIRTHPLACE (State or foreign country): Russia
12. CITIZEN OF WHAT COUNTRY?:
13. FATHER'S NAME: David
14. MOTHER'S MAIDEN NAME: Esther
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown):
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Mary Javodick — ADDRESS: Same

MEDICAL CERTIFICATION

CAUSE OF DEATH

18. 420.1 I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Coronary occlusion
DUE TO
ANTECEDENT CAUSES
(B)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
DUE TO
(C)

INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* Inquiry & Inspection (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☒, *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

23A. SIGNATURE: William V. Boritz M.D.
23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR ☐
23C. DATE SIGNED: Dec. 11, 1950

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12-12-50
24C. NAME OF CEMETERY OR CREMATORY: Mt Carmel
24D. LOCATION (City, town, or county) (State): Balto Md

DATE RECEIVED BY LOCAL REGISTRAR: DEC 11 1950
REGISTRAR'S SIGNATURE: Huntington Williams M.D.
25. FUNERAL DIRECTOR: Jack Lewis Inc
ADDRESS: 2100 Eutaw Pl

VS 151

2906A 94a

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Z-320
50-10565

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50-10565
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Julia Zawadzki

2. DATE OF DEATH: Dec, 9-1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland 2212 Bank Street
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home
C. Length of stay in Baltimore — Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore-31, 1-05
D. STREET ADDRESS (If rural, give location): 2212 Bank Street

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: ? 1895
9. AGE (In years last birthday): 55 — If Under 1 Year: Months, Days — If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Poland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Paul Puzycki
14. MOTHER'S MAIDEN NAME: Julianna Skumowski

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Boleslaw Zawadzki — ADDRESS: 2212 Bank Street

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Pulmonary oedema.
DUE TO Cardiac failure

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B) Hypertensive Cardio Vascular Disease
DUE TO Chronic nephritis
(C) Pitting oedema

INTERVAL BETWEEN ONSET AND DEATH

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

CERTIFICATION APPROVED BY
Stanley B. Denlacker M. D.
CHIEF ASST. MEDICAL EXAMINER

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED — WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1950, to December, 1950, that I last saw the deceased alive on 12/6, 1950, and that death occurred at 9 40 p m., from the causes and on the date stated above.

23A. SIGNATURE: Milton J. Jamroski M. D.
23B. ADDRESS: 2711 Carten Ave
23C. DATE SIGNED: 12/10/50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: Dec, 13, 1950
24C. NAME OF CEMETERY ~~OR CREMATORY~~: Holy Rosary
24D. LOCATION (City, town, or county) (State): Baltimore Co, Md.

DATE RECEIVED BY LOCAL REGISTRAR: DEC 11 1950
REGISTRAR'S SIGNATURE: Huntington Williams, M. D.
25. FUNERAL DIRECTOR: George A Weber — ADDRESS: 705 S. Ann st

VS 150

131a

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

T-5 50-10566

X 50-10566

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

BIRTH NO. N.R.

1. NAME OF DECEASED (Type or Print): Phillip Lee Thompson

2. DATE OF DEATH: December 10, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): THE JOHNS HOPKINS HOSPITAL
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY: Worcester
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocomoke City
D. STREET ADDRESS (If rural, give location): 708 2nd St.

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: 8-20-47
9. AGE (In years last birthday): 3 — If Under 1 Year: Months, Days — If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): —
10B. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Md
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Lee Thompson
14. MOTHER'S MAIDEN NAME: Virginia Bowen

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): —
(If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: —
17. INFORMANT: THE JOHNS HOPKINS HOSPITAL — ADDRESS: THE JOHNS HOPKINS HOSPITAL

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Tuberculous meningitis

DUE TO

(B) Pulmonary tuberculosis

DUE TO

(C)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

INTERVAL BETWEEN ONSET AND DEATH

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7-13, 1950, *to* 12-10, 1950, *that I last saw the deceased alive on* 12-10, 1950, *and that death occurred at* 9 00 P *m., from the causes and on the date stated above.*

23A. SIGNATURE: Lee W. Bass M. D.
23B. ADDRESS: THE JOHNS HOPKINS HOSPITAL
23C. DATE SIGNED:

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12/13/50
24C. NAME OF CEMETERY OR CREMATORY: Salem M.E. Cemetery
24D. LOCATION (City, town, or county) (State): Pocomoke Md.

DATE RECEIVED BY LOCAL REGISTRAR: DEC 11 1950
REGISTRAR'S SIGNATURE: Lawrington Williams, M.D.
25. FUNERAL DIRECTOR: Henry S. Watson
ADDRESS: Pocomoke City Md.

VS 150

13B

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

C-423 50-10567

50-10567

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

BIRTH NO. 50-16553

1. NAME OF DECEASED (Type or Print): John Chilcoat

2. DATE OF DEATH: December 10, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): THE JOHNS HOPKINS HOSPITAL
C. Length of stay in Baltimore: Yrs. 33 Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY: Baltimore
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 6 34 Dunkirk Rd. 5300

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: 8-9-50
9. AGE (In years last birthday): If Under 1 Year: Months 4, Days, Hours, Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY?:
13. FATHER'S NAME: John Chilcoat
14. MOTHER'S MAIDEN NAME: Barbara Hale
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown):
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: ADDRESS: THE JOHNS HOPKINS HOSPITAL

MEDICAL CERTIFICATION

CAUSE OF DEATH

		INTERVAL BETWEEN ONSET AND DEATH
18. I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A) Anoxia & Hemorrhage	48 hrs
DUE TO		
ANTECEDENT CAUSES. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(B) Post Operative Complication	48 hrs
DUE TO	(C) Cystic Disease of Lung	5 mo
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION: 12-7-50 & 11-25
19B. MAJOR FINDINGS OF OPERATION: Cystic Disease of Lung
20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): no
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): no
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.: no
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 11-22, 1950, *to* 12-10, 1950 *that I last saw the deceased alive on* 12-10, 1950. *and that death occurred at* 6 P. m., *from the causes and on the date stated above.*

23A. SIGNATURE: William F. Stengel M. D.
23B. ADDRESS: THE JOHNS HOPKINS HOSPITAL
23C. DATE SIGNED: 12-11-50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12-12-50
24C. NAME OF CEMETERY OR CREMATORY: Jessops
24D. LOCATION (City, town, or county) (State): Sparks, Md

DATE RECEIVED BY LOCAL REGISTRAR: DEC 1 1950
REGISTRAR'S SIGNATURE: [illegible]
25. FUNERAL DIRECTOR: Landon M. Brooks
ADDRESS: Sparks, Md

VS 150

114E

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

J-640
50-10568

50-10568

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): FLORENCE EVELYN THURLOW

2. DATE OF DEATH: 12-9-50

3. PLACE OF DEATH:
A. Baltimore City, Maryland: Balto. Md
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mercy Hospital
C. Length of stay in Baltimore: 49 Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: Balto.
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 20-08
D. STREET ADDRESS (If rural, give location): 304 S. Collins Avenue

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: Sept 8, 1901
9. AGE (In years last birthday): 49
If Under 1 Year: Months: Days
If Under 24 Hours: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clerk
10B. KIND OF BUSINESS OR INDUSTRY: MAG. DISTRIBUTORS
11. BIRTHPLACE (State or foreign country): Baltimore
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: REV. LOUIS V. SILL
14. MOTHER'S MAIDEN NAME: Sadie R. Cox
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): NO
(If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: ?
17. INFORMANT: Rev. Louis V. Sill, ADDRESS: 2129 Eutaw St.

MEDICAL CERTIFICATION

18. 757.1

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Uremia acute and chronic — 4 yrs.
DUE TO
(B) Polycystic kidneys (congenital) — 49 yrs.
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 11-21-50
19B. MAJOR FINDINGS OF OPERATION: Polycystic disease of kidneys
20. AUTOPSY? YES [✓] NO [ ]

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify): —
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.): —
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): —
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.: —
21E. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR? —

22. *I hereby certify that I attended the deceased from* Nov 4, 1950, *to* Dec 9, 1950, *that I last saw the deceased alive on* Dec. 9, 1950, *and that death occurred at* 6 P *m., from the causes and on the date stated above.*

23A. SIGNATURE: Frank S. Kuhn M. D.
23B. ADDRESS: Mercy Hospital
23C. DATE SIGNED: 12/9/50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial.
24B. DATE: Dec. 13/50.
24C. NAME OF CEMETERY OR CREMATORY: Loudon Park Cemetery
24D. LOCATION (City, town, or county) (State): Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR: DEC 11 1950
REGISTRAR'S SIGNATURE: Winston Williams, M.D.
25. FUNERAL DIRECTOR: Charles J. Schwab
ADDRESS: 3512 Frederick Ave.

VS-150

39068

132B

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be correct and legibly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

J-520

50-10569

BIRTH NO. 50-10569

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

1. NAME OF DECEASED (Type or Print): Edward Martin Jones

2. DATE OF DEATH: 12/7/1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland Balto. City
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 653½ Sterling Street
C. Length of stay in Baltimore 15 Yrs. (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore City 5-02
D. STREET ADDRESS (If rural, give location): 653½ Sterling Street

5. SEX: Male
6. COLOR OR RACE: Col.
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: 4/28/1912
9. AGE (in years last birthday): 38 — If Under 1 Year: Months, Days — If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10B. KIND OF BUSINESS OR INDUSTRY: In General
11. BIRTHPLACE (State or foreign country): Oriole Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Edward J. John
14. MOTHER'S MAIDEN NAME: Nellie Muir

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Mary Barkley 653½ Sterling St (ADDRESS)

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cardio-Renal Vascular disease — INTERVAL BETWEEN ONSET AND DEATH: 3 wks.

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 11.10, 1946, *to* 12.7, 1950 *that I last saw the deceased alive on* 12.7, 1950, *and that death occurred at* 12:54 *m., from the causes and on the date stated above.*

23A. SIGNATURE: Wm. LeRoy Berry M. D.
23B. ADDRESS: 1420 E. Chase St
23C. DATE SIGNED: 12.11.50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12/11/1950
24C. NAME OF CEMETERY OR CREMATORY: Mt Calvery Cem.
24D. LOCATION (City, town, or county) (State): Brooklyn Md

DATE RECEIVED BY LOCAL REGISTRAR: DEC 11 1950
REGISTRAR'S SIGNATURE: [illegible] for Williams, M.D.
25. FUNERAL DIRECTOR: Elroy O. Wilson
ADDRESS: 1000 Brantly Ave

VS 150

97099

131a

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be complete and supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

K-152
50-10570

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50-10570

1. NAME OF DECEASED (Type or Print): Joseph A. Kavanagh

2. DATE OF DEATH: 12-9-1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland Baltimore
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 4702 Hampnett Ave.
C. Length of stay in Baltimore: life Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 9-06
D. STREET ADDRESS (If rural, give location): 1629 E. 33rd. St.

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 7-25-1866
9. AGE (In years last birthday): 84
If Under 1 Year: Months: Days
If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Coppersmith
10B. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Patrick Kavanagh
14. MOTHER'S MAIDEN NAME: Catherine Labar

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Mrs. Joanna Kavanagh ADDRESS: 1629 E. 33Rd St

MEDICAL CERTIFICATION

18. 331X

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral Apoplexy.
DUE TO Arteriosclerosis
(B) Hypertension
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1946, 19, Dec 9, 19 9, *that I last saw the deceased alive on* Dec 8, 50, *and that death occurred at* 1054 m., *from the causes and on the date stated above.*

23A. SIGNATURE: Louis Krause M. D.
23B. ADDRESS
23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12-12-1950
24C. NAME OF CEMETERY OR CREMATORY: New Cathedral
24D. LOCATION (City, town, or county) (State): Baltimore Md.

DATE RECEIVED BY LOCAL REGISTRAR: DEC 11 1950
REGISTRAR'S SIGNATURE: Eleanor Williams, M.D.
25. FUNERAL DIRECTOR: John A. Moran ADDRESS: 3000 E. Baltimore St

83a

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be c[illegible] supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G-340
50-10571

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50-10571
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Mary M. Gately

2. DATE OF DEATH: 12/9/50

3. PLACE OF DEATH:
A. Baltimore City, Maryland 416 Rosecroft
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 00
C. Length of stay in Baltimore: Life (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: 416 Rosecroft Terrace
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore - Md 21208
D. STREET ADDRESS (If rural, give location): 416 Rosecroft Terrace

5. SEX: F
6. COLOR OR RACE: N.
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widow
8. DATE OF BIRTH: 10/30/1883
9. AGE (In years last birthday): 67
If Under 1 Year: Months / Days
If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Trade Wife
10B. KIND OF BUSINESS OR INDUSTRY: — —
11. BIRTHPLACE (State or foreign country): Baltimore Md
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Martin Ryan
14. MOTHER'S MAIDEN NAME: Mary Flynn

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Miss Jane Gately ADDRESS: Same

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cardio Respiratory failure

DUE TO

(B) Coronary Thrombosis

DUE TO

(C) Arteriosclerosis, generalized

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

420.1

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept, 1950, *to* Dec 9, 1950, *that I last saw the deceased alive on* Dec. 9 AM 19 50 *and that death occurred at* 5:30 A *m., from the causes and on the date stated above.*

23A. SIGNATURE: William J. Bryson M. D.
23B. ADDRESS: 4612 Old Frederick Rd
23C. DATE SIGNED: Dec 11, 1950

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12/12/50
24C. NAME OF CEMETERY OR CREMATORY: Cathedral
24D. LOCATION (City, town, or county) (State): Old Frederick Rd

DATE RECEIVED BY LOCAL REGISTRAR: DEC 11 1950
REGISTRAR'S SIGNATURE: Lucretia Williams, M.D.
25. FUNERAL DIRECTOR: J. J. Fahey & Sons
ADDRESS: 318 Light St

VS 150

94a

J-342
F-342

50-10572

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50-10572

Registered No.

1. NAME OF DECEASED (Type or Print) (FEDLICKA) VACLAV JEDLICKA

2. DATE OF DEATH Dec. 7, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Mercy Hospital
C. Length of stay in Baltimore 45 Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 5-01
D. STREET ADDRESS (If rural, give location) 111 N. Front St.-2nd floor

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single
8. DATE OF BIRTH 1887
9. AGE (In years last birthday) 63 | If Under 1 Year: Months, Days | If Under 24 Hours: Hours, Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer
10B. KIND OF BUSINESS OR INDUSTRY Not known
11. BIRTHPLACE (State or foreign country) Bohemia
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Vaclav Jedlicka
14. MOTHER'S MAIDEN NAME Anna Karkos
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO.
17. INFORMANT Fernd Brach 900 N. Edwards ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

155X

(A) Cancer of the common bile duct — INTERVAL BETWEEN ONSET AND DEATH

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* Inspection & Inq. (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☒, *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

23A. SIGNATURE Stanley K. Dunlaeher M.D.
23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR ☐
23C. DATE SIGNED Dec. 8, 1950

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial
24B. DATE Dec 11/50
24C. NAME OF CEMETERY OR CREMATORY Oak Hill
24D. LOCATION (City, town, or county) (State) Balto. Md

DATE RECEIVED BY LOCAL REGISTRAR DEC 11 1950
REGISTRAR'S SIGNATURE Huntington Williams, M.D.
25. FUNERAL DIRECTOR Philip E. Brach ADDRESS

VS 151

97099

46F

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

A-353
A-352
A50-10573

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

X Registered No. 50-10573

1. NAME OF DECEASED (Type or Print): Margaret Adamaitis (Adams)

2. DATE OF DEATH: Dec 10 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland 1200 Valley St.
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Little Sisters of the Poor
C. Length of stay in Baltimore: 45 yrs (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY: Baltimore
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 1702 ARBUTUS Ave 5300

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widow
8. DATE OF BIRTH: 1888.
9. AGE (In years last birthday): 62
If Under 1 Year: Months: Days
If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Lithuania
12. CITIZEN OF WHAT COUNTRY? ?

13. FATHER'S NAME: Thomas Mashauta
14. MOTHER'S MAIDEN NAME: Monica

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: No
17. INFORMANT: Little Sisters of the Poor
ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Acute Dilatation of Heart — INTERVAL BETWEEN ONSET AND DEATH: 1 day

DUE TO

ANTECEDENT CAUSES

(B) Chronic Myocarditis — 5 yrs

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C) Arterio Sclerosis — 6 yrs

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec 1, 1950, *to* Dec 11, 1950, *that I last saw the deceased alive on* Dec 9, 1950, *and that death occurred at* 3 A m., *from the causes and on the date stated above.*

23A. SIGNATURE: E Gill Hall MD M. D.
23B. ADDRESS: 1631 E North Ave
23C. DATE SIGNED: 12/11/50

24A. BURIAL, CREMATION, REMOVAL (Specify): Bur
24B. DATE: 12/13/50
24C. NAME OF CEMETERY OR CREMATORY: Holy Redeemer Cy
24D. LOCATION (City, town, or county) (State): Belair Rd Md

DATE RECEIVED BY LOCAL REGISTRAR: DEC 11 1950
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Joseph Kaminskas Inc
ADDRESS: 602 Wash. 93D Blvd

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be c[illegible] supplied. The correct age is especially important. Physicians: please write the causes of death clearly and leg[illegible]

S-1520
50-10574

SIMMS

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50-10574
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): JOHN SIMMS

2. DATE OF DEATH: 12-10-50

3. PLACE OF DEATH:
A. Baltimore City, Maryland — Baltimore
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): BON SECOURS HOSPT.
c. Length of stay in Baltimore: Yrs. Mos. 50 yrs Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BALTIMORE 26-06
D. STREET ADDRESS (If rural, give location): 4713 GREENHILL AVE

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: 3-15-82
9. AGE (In years last birthday): 68
If Under 1 Year: Months Days
If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): CABINET MAKER
10B. KIND OF BUSINESS OR INDUSTRY: Antiques Shop REPAIR
11. BIRTHPLACE (State or foreign country): LITHUANIA
12. CITIZEN OF WHAT COUNTRY? US
13. FATHER'S NAME: John Simms
14. MOTHER'S MAIDEN NAME: ?
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: no
17. INFORMANT: Anna Simms — ADDRESS: 4713 Greenhill ave

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Pulmonary Edema — INTERVAL BETWEEN ONSET AND DEATH: 1 Hour

DUE TO

ANTECEDENT CAUSES

(B) Acute Lt. Ventricular Failure — 2 hr

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C) Myocardial Infarction — 24 hr.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12-9, 1950, *to* 12-10, 1950 *that I last saw the deceased alive on* 12-10, 1950 *and that death occurred at* 1:35 P.M., *from the causes and on the date stated above.*

23A. SIGNATURE: Bruce D. Solomon Jr. M. D.
23B. ADDRESS: Bon Secours Hospt.
23C. DATE SIGNED: 12-10-50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12/13/50
24C. NAME OF CEMETERY OR CREMATORY: Holy Redeemer Cem
24D. LOCATION (City, town, or county) (State): Belair Rd Md

DATE RECEIVED BY LOCAL REGISTRAR: DEC 11 1950
REGISTRAR'S SIGNATURE: Washington Williams, M.D.
25. FUNERAL DIRECTOR: Joseph Rasmakas Inc.
ADDRESS: 602 Wash.

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VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

W-536

50-10575

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 50-10575

1. NAME OF DECEASED (Type or Print): LELA BELLE WINTER

2. DATE OF DEATH: 11 Dec 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Union Memorial Hospital
C. Length of stay in Baltimore: Yrs. Mos. Days 44

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY: Balt.
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore #726
D. STREET ADDRESS (If rural, give location): 1825 Forest Park Ave.

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: 27 May 1863
9. AGE (In years last birthday): 77 — If Under 1 Year: Months, Days; If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Vermont
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Hosa Comstock
14. MOTHER'S MAIDEN NAME: Julia Amanda Jackman

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT (Relative): Theo. Winter ADDRESS 1825 Forrest Pk Ave

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) General Peritonitis — INTERVAL BETWEEN ONSET AND DEATH: ?

DUE TO

ANTECEDENT CAUSES

(B) Ruptured Pelvic Abscess — ?

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 11.28.50
19B. MAJOR FINDINGS OF OPERATION: Pelvic Abscess & Pelvic Peritonitis
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 28 Nov, 1950, *to* 11 Dec, 1950, *that I last saw the deceased alive on* 11 Dec, 1950, *and that death occurred at* 8:45 A m., *from the causes and on the date stated above.*

23A. SIGNATURE: Richard Beach M. D.
23B. ADDRESS: Union Memorial Hospital
23C. DATE SIGNED: 12-11-50

24A. BURIAL, CREMATION, REMOVAL (Specify): Cremation
24B. DATE: Dec 11-50.
24C. NAME OF CEMETERY OR CREMATORY: Greenmount
24D. LOCATION (City, town, or county) (State): Balto, Md.

DATE RECEIVED BY LOCAL REGISTRAR: DEC 11 1950
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Wm Cook Inc
ADDRESS: 1217 St Paul St city

VS 150

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be c[illegible] supplied. The correct age is especially important. Physicians: please write the causes of death clearly and le[illegible]

K-240

50-10576

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50-10576

Registered No.

1. NAME OF DECEASED (Type or Print): MATTHEW. KISSELL

2. DATE OF DEATH: 12-8-50

3. PLACE OF DEATH:
A. Baltimore City, Maryland 3207 PHELPS LANE
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 3207 PHELPS LANE
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BALTIMORE 20-06
D. STREET ADDRESS (If rural, give location): 3207 PHELPS LANE

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: 9-22-1880
9. AGE (In years last birthday): 70
If Under 1 Year: Months: Days
If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): DAIRY FARMING
10B. KIND OF BUSINESS OR INDUSTRY: FARMING.
11. BIRTHPLACE (State or foreign country): LITHUANIA
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: UNKNOWN
14. MOTHER'S MAIDEN NAME: UNKNOWN

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): NO
(If yes, give war or dates of service): NO
16. SOCIAL SECURITY NO.: none
17. INFORMANT: ANTHONY. KISSELL
ADDRESS: 3207 PHELPS.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Carcinoma left lung — INTERVAL BETWEEN ONSET AND DEATH: 1 yr.

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug, 1944, *to* Dec 8, 1950, *that I last saw the deceased alive on* Dec 7, 1950, *and that death occurred at* 8:9 *m., from the causes and on the date stated above.*

23A. SIGNATURE: A. McCall M. D.
23B. ADDRESS: 3321 Frederick Ave
23C. DATE SIGNED: Dec 11, 1950

24A. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: 12-12-50.
24C. NAME OF CEMETERY OR CREMATORY: HOLY REDEEMER
24D. LOCATION (City, town, or county) (State): BELAIR RD. MD.

DATE RECEIVED BY LOCAL REGISTRAR: DEC 11 1950
REGISTRAR'S SIGNATURE: [illegible]

25. FUNERAL DIRECTOR: Chas. V. Kachmarek
ADDRESS: 703 McHenry St.

VS 150

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

T-460

50-10577

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 50-10577

1. NAME OF DECEASED (Type or Print): Louis Thomas TAYLOR Sr.

2. DATE OF DEATH: Dec. 7, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): University Hospital
c. Length of stay in Baltimore (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 5304 Holder Ave.

27-44

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Mar. 19 - 1881
9. AGE (In years last birthday): 69 — If Under 1 Year: Months, Days — If Under 24 Hours: Hours, Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Loftsman
10B. KIND OF BUSINESS OR INDUSTRY: Md drydock
11. BIRTHPLACE (State or foreign country): Baltimore Md.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: ?
14. MOTHER'S MAIDEN NAME: ?
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Miss Virginia R. Taylor — ADDRESS: Holder 5304

MEDICAL CERTIFICATION

CAUSE OF DEATH

18. 420.1

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Coronary artery thrombosis

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21A. EXTERNAL CAUSE WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH.
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* Autopsy (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* [X], *accident* [ ], *suicide* [ ], *homicide* [ ], *undetermined* [ ].

23A. SIGNATURE: Stanley H. Dunlacher M.D.
23B. CHIEF MEDICAL EXAMINER [ ] ASSISTANT MEDICAL EXAMINER [X] MEDICAL INVESTIGATOR [ ]
23C. DATE SIGNED: Dec. 8, 1950

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12/11/50
24C. NAME OF CEMETERY OR CREMATORY: Parkwood
24D. LOCATION (City, town, or county) (State): Baltimore Md.

DATE RECEIVED BY LOCAL REGISTRAR: DEC 11 1950
REGISTRAR'S SIGNATURE: Kathryn Williams M.D.
25. FUNERAL DIRECTOR: L. J. Luck
ADDRESS: 5305 Harford Rd

VS 151

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be careful[illegible] supplied. The correct age is especially important. Physicians: please write the causes of death clearly and [illegible]bly.

S-B15

50-10578

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 50-10578

BIRTH NO. MARY ELLEN

1. NAME OF DECEASED (Type or Print) (Mollie) Stevenson

2. DATE OF DEATH December 9, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) THE JOHNS HOPKINS HOSPITAL

C. Length of stay in Baltimore Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Md.
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 27-38
D. STREET ADDRESS (If rural, give location) 1319 E. Belvedere Ave.

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH 2-14-76
9. AGE (In years last birthday) 74
If Under 1 Year: Months Days
If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home
10B. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Baltimore Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Benjamin Franklin Ensor
14. MOTHER'S MAIDEN NAME Emily J. Joyce

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT THE JOHNS HOPKINS HOSPITAL ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) CARDIAC ARREST OF ? ETIOLOGY — INTERVAL BETWEEN ONSET AND DEATH: 20 MIN.

DUE TO

ANTECEDENT CAUSES

(B) CARCINOMA OF NASOPHARYNX

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C) CARCINOMA OF BREAST

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 12/9/50
19B. MAJOR FINDINGS OF OPERATION CARCINOMA LT. BREAST
20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 11-25, 1950 *to* 12-9, 1950, *that I last saw the deceased alive on* 12-9, 1950, *and that death occurred at* 4:42 P.m., *from the causes and on the date stated above.*

23A. SIGNATURE Arthur R. Nelson M. D.
23B. ADDRESS THE JOHNS HOPKINS HOSPITAL
23C. DATE SIGNED 12/9/50

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial
24B. DATE 12/11/50
24C. NAME OF CEMETERY OR CREMATORY Loudon Park
24D. LOCATION (City, town, or county) (State) Balto Md

DATE RECEIVED BY LOCAL REGISTRAR DEC 11 1950
REGISTRAR'S SIGNATURE Huntington Williams, M.D.
25. FUNERAL DIRECTOR L. J. Luck
ADDRESS 5305 Harford Rd

VS 150

50

PLEASE WRITE CLEARLY, WITH UNFADING INK. Every item of information should be [illegible] correct age is especially important. Physicians: please write the causes of death clearly and [illegible]ibly.

MARGIN RESERVED FOR BINDING

B-520

50-10579

BIRTH NO. ND-2156

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 50-10579

1. NAME OF DECEASED (Type or Print): Willie Banks

2. DATE OF DEATH: Dec. 7, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Baltimore City Hospitals 4940 Eastern Avenue
C. Length of stay in Baltimore: Life (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 3-01
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 1610 E. Pratt St.

5. SEX: M
6. COLOR OR RACE: N
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: Jan. 17, 1877
9. AGE (In years last birthday): 73
If Under 1 Year: Months / Days
If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): UNEMPLOYED LABORER
10B. KIND OF BUSINESS OR INDUSTRY: STEEL MILL
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? ✓

13. FATHER'S NAME: Jim Banks
14. MOTHER'S MAIDEN NAME: Ida Brooks

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): Yes
(If yes, give war or dates of service): W.W. I
16. SOCIAL SECURITY NO.:
17. INFORMANT: Records: ADDRESS: Baltimore City Hospitals 4940 Eastern Avenue

MEDICAL CERTIFICATION

18. 490 X

CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Bilateral Lobar Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 3 Days
DUE TO

ANTECEDENT CAUSES
(B)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
DUE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Otitis Media

19A. DATE OF OPERATION ✓
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [x] NO [ ]

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3-3, 19 37 *to* 12-7, 19 50, *that I last saw the deceased alive on* 12-7-, 19 50 *and that death occurred at* 10:35 am *from the causes and on the date stated above.*

23A. SIGNATURE: A. S. Rogers M. D.
23B. ADDRESS: 4940 Eastern Avenue
23C. DATE SIGNED: 12-9-50

24A. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: 12/12/50
24C. NAME OF CEMETERY OR CREMATORY: BALTO., NATIONAL
24D. LOCATION (City, town, or county) (State): BALTIMORE, MD.

DATE RECEIVED BY LOCAL REGISTRAR: DEC 11 1950
REGISTRAR'S SIGNATURE: Thornington Williams, M.D.
25. FUNERAL DIRECTOR: Wm. A. JACKSON
ADDRESS: 916 PENNA. AVE.

VS 150

9703A 108

MARGIN RESERVED FOR BINDING

PLEASE WRITE CLEARLY, WITH UNFADING INK. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

V. 536

50-10580

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50-10580

Registered No.

1. NAME OF DECEASED (Type or Print): JOHN VANDROSS

2. DATE OF DEATH: December 5, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): University Hospital
C. Length of stay in Baltimore: 20 YEARS (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 17-01
C. CITY OR TOWN (If outside corporate limits write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 426 N. Pearl Street

5. SEX: male
6. COLOR OR RACE: colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): SINGLE
8. DATE OF BIRTH: 1892
9. AGE (In years last birthday): 58
If Under 1 Year: Months / Days
If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): LABORER
10B. KIND OF BUSINESS OR INDUSTRY: CONSTRUCTION
11. BIRTHPLACE (State or foreign country): SOUTH CAROLINA
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: UNKNOWN
14. MOTHER'S MAIDEN NAME: UNKNOWN

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): YES
(If yes, give war or dates of service): WW#1
16. SOCIAL SECURITY NO.
17. INFORMANT: MARY JOHNSON
ADDRESS: 511 MYRTLE AVE

MEDICAL CERTIFICATION

CAUSE OF DEATH

18. 422.1

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Arteriosclerotic cardiovascular disease

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* Inquiry & Inspection (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☒, *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

23A. SIGNATURE: Stanley B. Duncan M.D.
23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR ☐
23C. DATE SIGNED: Dec. 6, 1950

24A. BURIAL, CREMATION, REMOVAL (Specify): SHIP
24B. DATE: 12/11/50
24C. NAME OF CEMETERY OR CREMATORY: BETHEL
24D. LOCATION (City, town, or county) (State): GEORGETOWN, S. C

DATE RECEIVED BY LOCAL REGISTRAR: DEC 11 1950
REGISTRAR'S SIGNATURE: Austin W. Williams, M.D.
25. FUNERAL DIRECTOR: Wm. A. JACKSON
ADDRESS: 916 PENNA. AVE.

VS 151

97024

93D

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

652

50-10581

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 50-10581

BIRTH NO.

1. NAME OF DECEASED (Type or Print): BEULAH GRIMES

2. DATE OF DEATH: Dec 9, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): UNIVERSITY HOSP
C. Length of stay in Baltimore: 2 ~~Yrs.~~ ~~Mos.~~ Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: Baltimore
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Woodlawn
D. STREET ADDRESS (If rural, give location): Dogwood Road 5300

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: January 29, 1919.
9. AGE (In years last birthday): 31 — If Under 1 Year: Months / Days — If Under 24 Hours: Hours / Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Tennessee
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Hugh Arnold
14. MOTHER'S MAIDEN NAME: Mattie Cantwell
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): No — (If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: 217-05-4966
17. INFORMANT: Francis A. Grimes — ADDRESS: Dogwood Road Woodlawn, Md.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) PURULENT PERITONITIS

DUE TO

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) SEPTIC ABORTION

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☑ NO ☐

21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED — WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* Autopsy (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, ~~Inspection~~ or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☑, *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

23A. SIGNATURE: Stanley H. Durlacher M.D.
23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☑ MEDICAL INVESTIGATOR ☐
23C. DATE SIGNED: Dec 10, 1950

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: Dec. 12, 1950.
24C. NAME OF CEMETERY OR CREMATORY: Good Shepherd Cemetery
24D. LOCATION (City, town, or county) (State): Ellicott City, Maryland.

DATE RECEIVED BY LOCAL REGISTRAR: JAN 1 1950
REGISTRAR'S SIGNATURE: Washington Williams, M.D.
25. FUNERAL DIRECTOR: Easton Sons — ADDRESS: Ellicott City, Maryland.

V.S. 151

140B

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F-160

50-10582

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50-10582

Registered No.

1. NAME OF DECEASED (Type or Print): George Willie Fifer

2. DATE OF DEATH: Dec 11, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland 33 & Calvert
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Union Memorial Hospital
C. Length of stay in Baltimore: 60 years. (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY: Balto
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Balto 18.
D. STREET ADDRESS (If rural, give location): 2922 Guilford Ave

12-06

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Sept 12, 1874
9. AGE (In years last birthday): 76
If Under 1 Year: Months Days
If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10B. KIND OF BUSINESS OR INDUSTRY: Druggist
11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Mathew Fifer
14. MOTHER'S MAIDEN NAME: Elva Evans

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service): ~~Unknown~~ No
16. SOCIAL SECURITY NO.: No
17. INFORMANT: William Fifer
ADDRESS: Same

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) ~~Cardiac failure~~

DUE TO

(B) Myocardial infarct

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

INTERVAL BETWEEN ONSET AND DEATH: ?

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec 10, 1950, *to* Dec 11, 1950, *that I last saw the deceased alive on* Dec 11, 1950, *and that death occurred at* 2:05 Am., *from the causes and on the date stated above.*

23A. SIGNATURE: Richard Beach M. D.
23B. ADDRESS: Union Memorial Hospital 33 & Calvert St. Balto Md.
23C. DATE SIGNED: Dec. 11, 1950

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: Dec 13 '50
24C. NAME OF CEMETERY OR CREMATORY: Druid Ridge
24D. LOCATION (City, town, or county) (State): Pikesville

DATE RECEIVED BY LOCAL REGISTRAR: DEC 11 1950
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Stewart & Mowen Co.
ADDRESS: 108 W. North Ave.

VS 150

City #1. 94a

PLEASE WRITE IN INK, WITH UNFADING INK. Every item of information should be [illegible] supplied. The correct age is especially important. Physicians: please write the causes of death clearly and [illegible]bly.

MARGIN RESERVED FOR BINDING

K-534 50-10583

50-10583

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Elsie Kendall

2. DATE OF DEATH: Dec. 9-1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1825 N. Baltimore
c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 19-04
D. STREET ADDRESS (If rural, give location): 1825 N. Baltimore St.

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: Mar. 23 1877
9. AGE (In years last birthday): 73
If Under 1 Year: Months: Days
If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At home
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Kent Co. Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Arthur Kendall
14. MOTHER'S MAIDEN NAME: Laura Glenn

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: ADDRESS:

MEDICAL CERTIFICATION

18. 158X

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Carcinomatosis

DUE TO

ANTECEDENT CAUSES

(B) Retroperitoneal Sarcoma or Carcinoma.

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 11/17/50
19B. MAJOR FINDINGS OF OPERATION: Retroperitoneal Malignancy - Metastasis
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 11/1, 1950, *to* 11/9, 1950, *that I last saw the deceased alive on* 11/8, 1950 *and that death occurred at* 9:00 a.m., *from the causes and on the date stated above.*

23A. SIGNATURE: Alpha H. Counties M. D.
23B. ADDRESS: 4709 Hudnik Ave
23C. DATE SIGNED: 12/11/50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12/12/50
24C. NAME OF CEMETERY OR CREMATORY: Wesley Chapel
24D. LOCATION (City, town, or county) (State): Lock Hall Md.

DATE RECEIVED BY LOCAL REGISTRAR: DEC 11 1950
REGISTRAR'S SIGNATURE:
25. FUNERAL DIRECTOR: J. Luck
ADDRESS: 5305 Harford Rd.

VS 150

46H

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be furnished if possible. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Dr. Crowther | TO ~
4209 Fred Rd.

S-B63 50-10584

STRUTH

50-10584

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Edna W Struth

2. DATE OF DEATH: Dec-9-1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 5402 Hamlet Ave
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 21
D. STREET ADDRESS (If rural, give location): 5402 Hamlet Ave

5. SEX: F
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: May 17-1884
9. AGE (In years last birthday): 66
If Under 1 Year: Months: Days
If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At Home
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Baltimore Md
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Charles R Webster
14. MOTHER'S MAIDEN NAME: Georganna Fogwah

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Mr Ferdinand B Struth
ADDRESS: Same

MEDICAL CERTIFICATION

18. 153X

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Generalized Carcinomatosis — 7 mth (?)

DUE TO

ANTECEDENT CAUSES

(B) Carcinoma of Sigmoid — 7 mth +

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Generalized arterio sclerosis — 10 yrs +

19A. DATE OF OPERATION: June 1, 1950
19B. MAJOR FINDINGS OF OPERATION: Carcinoma of Sigmoid c metastasis
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify): No
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.: No
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5/2, 1950 *to* 12/9, 1950 *that I last saw the deceased alive on* 12/4, 1950 *and that death occurred at* 10.30 P m., *from the causes and on the date stated above.*

23A. SIGNATURE: M. Maurice Feldman M. D.
23B. ADDRESS: 817 St Paul St
23C. DATE SIGNED: 12/11/50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12/12/50
24C. NAME OF CEMETERY OR CREMATORY: London Park
24D. LOCATION (City, town, or county) (State): Balto. Md

DATE RECEIVED BY LOCAL REGISTRAR: DEC 11 1950
REGISTRAR'S SIGNATURE: Lucretia Williams, M.D.
25. FUNERAL DIRECTOR: F. J. Ruck
ADDRESS: 5305 Harford Rd

VS 150

46E

MARGIN RESERVED FOR BINDING

PLEASE WRITE ONLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and [illegible]

M-245

CERTIFICATE CORRECTED 3-8-51

50-10585

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

BIRTH NO. 50-10585

1. NAME OF DECEASED (Type or Print): EMMA McLELLAN

2. DATE OF DEATH: 12-9-50

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): MARYLAND GENERAL HOSPITAL
C. Length of stay in Baltimore: 35 Yrs. ~~Mos.~~ Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BALTIMORE
D. STREET ADDRESS (If rural, give location): 306 BIRCHWOOD PLACE (Birkwood)

1207

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: 12-12-89
9. AGE (In years last birthday): 60 — If Under 1 Year: Months / Days — If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE
10B. KIND OF BUSINESS OR INDUSTRY: NONE
11. BIRTHPLACE (State or foreign country): TEXAS
12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: WALTER WOESSNER
14. MOTHER'S MAIDEN NAME: ELLA SHARE (Smythe)

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): —
(If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: —

17. INFORMANT: ELBERT McLELLAN — ADDRESS: SAME

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) METASTATIC CARCINOMA — INTERVAL BETWEEN ONSET AND DEATH: 6 mo.

DUE TO

ANTECEDENT CAUSES

(B) CARCINOMA OF OVARY — 8 mo.

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.: RT FEMORAL HERNIA, UMBILICAL HERNIA

19A. DATE OF OPERATION: 12-1-50
19B. MAJOR FINDINGS OF OPERATION: METASTATIC CARCINOMA
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 11-29, 1950 *to* 12/9, 1950 *that I last saw the deceased alive on* 12/9, 1950, *and that death occurred at* 7:50 P.m., *from the causes and on the date stated above.*

23A. SIGNATURE: Paul G. Herold M. D.
23B. ADDRESS: Maryland General Hosp.
23C. DATE SIGNED: 12-9-50

24A. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: 12/14/50
24C. NAME OF CEMETERY OR CREMATORY: FOREST PARK
24D. LOCATION (City, town, or county) (State): HOUSTON, TEXAS

DATE RECEIVED BY LOCAL REGISTRAR: DEC 11 1950
REGISTRAR'S SIGNATURE: [illegible]
25. FUNERAL DIRECTOR: Walter Brooks Bradley, Dundalk, Md.
ADDRESS:

VS 150

49a

K320 50-10586

50-10586

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): CHARLES KATES

2. DATE OF DEATH: DEC. 9, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2014 McHENRY St.
c. Length of stay in Baltimore: LIFE (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BALTIMORE 20-03
D. STREET ADDRESS (If rural, give location): 2014 McHENRY St.

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): SINGLE
8. DATE OF BIRTH: APRIL 8, 1885
9. AGE (In years last birthday): 65
If Under 1 Year: Months: Days: If Under 24 Hours: Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): TRACKMAN
10B. KIND OF BUSINESS OR INDUSTRY: RAILROAD
11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: UnKnown
14. MOTHER'S MAIDEN NAME: UnKnown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service): NONE
16. SOCIAL SECURITY NO.: 213-12-8213
17. INFORMANT: MRS. J. LEITZ
ADDRESS: 1822 N. REGESTER St

MEDICAL CERTIFICATION

18. 260X

CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 1 day

DUE TO

ANTECEDENT CAUSES

(B) Diabetes mellitus — 2 wks

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C) none

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12/2, 1950, *to* 12/9, 1950, *that I last saw the deceased alive on* 12/19, 1950, *and that death occurred at* 3:45 P m., *from the causes and on the date stated above.*

23A. SIGNATURE: Benjamin Keller MD M. D.
23B. ADDRESS: 1730 Wilkens ave
23C. DATE SIGNED: 12/11/50

24A. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: 12-13-50
24C. NAME OF CEMETERY OR CREMATORY: BALTIMORE CEM.
24D. LOCATION (City, town, or county) (State): BALTIMORE Md.

DATE RECEIVED BY LOCAL REGISTRAR: DEC 12 1950
REGISTRAR'S SIGNATURE: [illegible]
25. FUNERAL DIRECTOR: GEORGE L. Schwab
ADDRESS: 2101 FREDERICK AVE

VS 150

97050

61

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

50-10587

BIRTH NO. 1-225

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 50-10587

1. NAME OF DECEASED (Type or Print): Verdie Blondell Geoghegan

2. DATE OF DEATH: Dec. 9-1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 3213 Westfield Ave
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 27-05
D. STREET ADDRESS (If rural, give location): 3213 Westfield Ave

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: Dec 14-1875
9. AGE (In years last birthday): 74
If Under 1 Year: Months / Days; If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): at home
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Dorchester Co. Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Caleb Mc Namara
14. MOTHER'S MAIDEN NAME: Hester Ann

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Mrs John De Beaumont ADDRESS: 3213 Westfield

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) MYOCARDIAL DEGENERATION — INTERVAL BETWEEN ONSET AND DEATH: 3 weeks

DUE TO

ANTECEDENT CAUSES

(B) ARTERIOSCLEROTIC HEART DISEASE — 5 YRS +

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

SENILITY — —

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov. 18, 1950, *to* Dec. 9, 1950, *that I last saw the deceased alive on* Dec. 8, 1950 *and that death occurred at* 4 P. m., *from the causes and on the date stated above.*

23A. SIGNATURE: John W Machen M. D.
23B. ADDRESS: 6331 Belair Road (6)
23C. DATE SIGNED: 12/11/1950

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12/12/50
24C. NAME OF CEMETERY OR CREMATORY: Parkwood
24D. LOCATION (City, town, or county) (State): Baltimore Md.

DATE RECEIVED BY LOCAL REGISTRAR: DEC 12 1950
REGISTRAR'S SIGNATURE: [illegible]
25. FUNERAL DIRECTOR: L. J. Luck
ADDRESS: 5305 Harford Rd.

VS 150

931

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be furnished. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Dr. Machen
6331 Belair

50-10588

D-151
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50-10588
Registered No.

1. NAME OF DECEASED (Type or Print): Lena Diefenbach

2. DATE OF DEATH: Dec. 9/50

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 4026 Gelston Drive
C. Length of stay in Baltimore: Life Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 16-08
D. STREET ADDRESS (If rural, give location): 4026 Gelston Drive

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: Sept. 12, 1883
9. AGE (In years last birthday): 67
If Under 1 Year: Months / Days
If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John H. Diefenbach
14. MOTHER'S MAIDEN NAME: Elizabeth Dee

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or ooknowo) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Miss Dorothy E. Diefenbach, ADDRESS: 4026 Gelston Dr.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

331X

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 48 hr.
DUE TO
(B) Hypertension
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: None
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify): None
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec 6, 1950, *to* Dec 9, 1950, *that I last saw the deceased alive on* Dec 9, 1950, *and that death occurred at* 6:15 p m., *from the causes and on the date stated above.*

23A. SIGNATURE: John A. Mitchell Jr. M. D.
23B. ADDRESS: 1433 W. Preston St
23C. DATE SIGNED: 12/11/50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12/12/50
24C. NAME OF CEMETERY OR CREMATORY: Loudon Pk.
24D. LOCATION (City, town, or county) (State): 3801 Frederick Rd. Balto. 29, Md.

DATE RECEIVED BY LOCAL REGISTRAR: DEC 12 1950
REGISTRAR'S SIGNATURE: [illegible]
25. FUNERAL DIRECTOR: Harry A. Wilkie
ADDRESS: 4101 Edmondson Ave.

VS 150

83a

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be furnished. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1933

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50-10589

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50-10589

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Frederick D Tanner

2. DATE OF DEATH 12-10-50

3. PLACE OF DEATH: A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 847 N 34th St

C. Length of stay in Baltimore 40 yrs (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Md
B. COUNTY
C. CITY OR TOWN Baltimore (If outside corporate limits, write RURAL and give township)
D. STREET ADDRESS (If rural, give location) 847 N 34th St 13-06

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Aug 6-1874
9. AGE (In years last birthday) 76
If Under 1 Year: Months Days
If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Engineer
10B. KIND OF BUSINESS OR INDUSTRY Penn. R R
11. BIRTHPLACE (State or foreign country) Md
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Christopher J Tanner
14. MOTHER'S MAIDEN NAME Mary J Earle

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 7N7-07-8763A
17. INFORMANT Mrs Elsie M Tanner ADDRESS 847 N 34th St

MEDICAL CERTIFICATION

18. 420.1 I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Coronary Thrombosis. — INTERVAL BETWEEN ONSET AND DEATH: a few hours.

DUE TO

(B) Chronic Arteriosclerosis. Coronary — 10 yrs.

DUE TO

(C) Arteriosclerosis, Senility.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec, 1948, *to* Dec 10th, 1950, *that I last saw the deceased alive on* Dec 10th, 1950, *and that death occurred at* 10 30 P m., *from the causes and on the date stated above.*

23A. SIGNATURE B. A. Tillis M. D.
23B. ADDRESS 3614 Fairview Ave Baltimore 11 Md
23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial
24B. DATE 12-13-50
24C. NAME OF CEMETERY OR CREMATORY Immanuel
24D. LOCATION (City, town, or county) (State) Glenco Balto Co Md

DATE RECEIVED BY LOCAL REGISTRAR DEC 12 1950
REGISTRAR'S SIGNATURE Eugene Williams
25. FUNERAL DIRECTOR Frank H Seitz ADDRESS 814 N 36th St

VS 150

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given if supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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50-10590

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): FRANK HARMON LINTHICUM

2. DATE OF DEATH: 12/11/50

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 44 UNION MEMORIAL HOSPITAL
C. Length of stay in Baltimore: 63 Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BALTIMORE 27-11
D. STREET ADDRESS (If rural, give location): 36 WHITFIELD ROAD

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: MARCH 7 1887
9. AGE (In years last birthday): 63
If Under 1 Year: Months: Days: If Under 24 Hours: Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Sales Engineer
10B. KIND OF BUSINESS OR INDUSTRY: Koppers Co. PISTON RINGS (M)
11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: FRANK LINTHICUM
14. MOTHER'S MAIDEN NAME: MARY JACKSON

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): UNKNOWN (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Mrs. Evelyn S. Linthicum ADDRESS: 36 Whitfield Rd.

MEDICAL CERTIFICATION

CAUSE OF DEATH

18. I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) GLIOBLASTOMA MULTIFORME, LEFT PARIETAL LOBE — INTERVAL BETWEEN ONSET AND DEATH: ?
DUE TO
(B)
DUE TO
(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 12/9/50
19B. MAJOR FINDINGS OF OPERATION: GLIOBLASTOMA MULTIFORME, LEFT PARIETAL LOBE
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12/8, 1950 *to* 12/11, 1950 *that I last saw the deceased alive on* 12/11, 1950 *and that death occurred at* 7:25 a.m., *from the causes and on the date stated above.*

23A. SIGNATURE: Richard Beach M. D.
23B. ADDRESS: Union Memorial Hospital
23C. DATE SIGNED: 12-11-50

24A. BURIAL, CREMATION, REMOVAL (Specify): Cremation
24B. DATE: 12-13-50
24C. NAME OF CEMETERY OR CREMATORY: Loudon Park
24D. LOCATION (City, town, or county) (State): Fred. Ave. Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR: DEC 12 1950
REGISTRAR'S SIGNATURE:
25. FUNERAL DIRECTOR: John O. Mitchell & Sons
ADDRESS: 1900 Eutaw Pl.

VS 150

0493L

54a

S-310 50-10591 STUP

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 50-10591

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Joseph Albert Stup

2. DATE OF DEATH: Ded. 10 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland 1400 W. Lexington St
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Aged Women and Aged Mens Homes
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 19-02
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 1400 West Lexington Street

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Aug. 27-1865
9. AGE (in years last birthday): 85 — If Under 1 Year: Months 3, Days 13, Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Calvin Stup
14. MOTHER'S MAIDEN NAME: Alice Kaufman

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown):
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: L. A. Read — ADDRESS: 1400 W. Lexington Street

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 3 hrs

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B) Arteriosclerosis, generalized

DUE TO

(C)

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT: Carcinoma Pharynx (operated)

19A. DATE OF OPERATION: 11/10/50
19B. MAJOR FINDINGS OF OPERATION: Carcinoma Pharynx
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July, 1950, *to* December 10, 1950, *that I last saw the deceased alive on* Dec 10, 1950 *and that death occurred at* 1:00 P *m., from the causes and on the date stated above.*

23A. SIGNATURE: Wenland Edward Day M. D.
23B. ADDRESS: 4-E-33rd St
23C. DATE SIGNED: Dec. 11, 1950

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: Dec. 12-1950
24C. NAME OF CEMETERY OR CREMATORY: Loudon Park Cem.
24D. LOCATION (City, town, or county) (State): Baltimore Md

DATE RECEIVED BY LOCAL REGISTRAR: 12-12-1950
REGISTRAR'S SIGNATURE: Lucretia Williams M.D.
25. FUNERAL DIRECTOR: Geyer's Funeral Home — ADDRESS: 1600 W. Nor. ave.

VS 150

45F

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

163 50-10592

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 50-10592

BIRTH NO. N.R.

1. NAME OF DECEASED (Type or Print): Kathaleen Roberts

2. DATE OF DEATH: December 11, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): THE JOHNS HOPKINS HOSPITAL
C. Length of stay in Baltimore: Yrs. Mos. Days 33

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Mich.
B. COUNTY: V-19
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Detroit
D. STREET ADDRESS (If rural, give location): 3010 Chicago Ave.

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: 12-22-49
9. AGE (In years last birthday): If Under 1 Year: Months 11; Days; If Under 24 Hours: Hours; Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): —
10B. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Detroit Mich
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Jack Roberts
14. MOTHER'S MAIDEN NAME: Miriam Baumgarten

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: THE JOHNS HOPKINS HOSPITAL
ADDRESS

MEDICAL CERTIFICATION

18. 754.5

CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Hemorrhage secondary to — INTERVAL BETWEEN ONSET AND DEATH: 3 hrs.

DUE TO Operation for

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Congenital heart disease, — 1 yr.

DUE TO defect in aortic septum

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 12-11-50
19B. MAJOR FINDINGS OF OPERATION: As above.
20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 10-29, 1950, *to* 12-11, 1950, *that I last saw the deceased alive on* 12-11, 1950, *and that death occurred at* 5:08 P. m., *from the causes and on the date stated above.*

23A. SIGNATURE: A. S. Morrow M. D.
23B. ADDRESS: THE JOHNS HOPKINS HOSPITAL
23C. DATE SIGNED: 12-12-50

24A. BURIAL, CREMATION, REMOVAL (Specify): Removal
24B. DATE: 12-12-50
24C. NAME OF CEMETERY OR CREMATORY
24D. LOCATION (City, town, or county) (State): Detroit Mich

DATE RECEIVED BY LOCAL REGISTRAR: DEC 12 1950
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Jack Lewis Inc
ADDRESS: 2100 Eutaw Pl

VS 150

157E

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I-526 50-10593

50-10593

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): PEYTON C INGRAM Sr.

2. DATE OF DEATH: December 10, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Lutheran Hospital
C. Length of stay in Baltimore (Yrs. Mos. Days): 46

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 16-07
D. STREET ADDRESS (If rural, give location): 2612 Riggs Avenue

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Aug 16th 1875
9. AGE (In years last birthday): 75
If Under 1 Year: Months / Days
If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Carpenter
10B. KIND OF BUSINESS OR INDUSTRY: Building
11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Logan L. Ingram
14. MOTHER'S MAIDEN NAME: Sallie Champion

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Peyton C. Ingram Jr. ADDRESS: 2612 Riggs Ave

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Emphysema
DUE TO
(B) Cor pulmonale
DUE TO
(C) Cardiac failure

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* Insp. & Inquiry (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☒, *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

23A. SIGNATURE: William V. Leath M.D.
23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR ☐
23C. DATE SIGNED: 12-11-50

24A. BURIAL, ~~CREMATION, REMOVAL~~ (Specify): Burial
24B. DATE: 12/13/50
24C. NAME OF CEMETERY ~~OR CREMATORY~~: Methodist Church
24D. LOCATION (City, town, or county) (State): Whitestone Va.

DATE RECEIVED BY LOCAL REGISTRAR: DEC 1 2 1950
REGISTRAR'S SIGNATURE: Huntington Williams M.D.
25. FUNERAL DIRECTOR: Wm Bell Inc. ADDRESS: 1217 St. Paul St.

VS 151

95c

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

C-452 50-10594

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50-10594

1. NAME OF DECEASED (Type or Print): William H. Collins

2. DATE OF DEATH: Dec. 10, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 27 N. Carey Street
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 4-02
D. STREET ADDRESS (If rural, give location): 724 W Lexington St

5. SEX: male
6. COLOR OR RACE: wh.
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Sept 20, 1870
9. AGE (In years last birthday): 80 — If Under 1 Year: Months: Days — If Under 24 Hours: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): TINNER
10B. KIND OF BUSINESS OR INDUSTRY: RET. TIN SHOP.
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: George Collins
14. MOTHER'S MAIDEN NAME: Joanna Phister
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): ? (If yes, give war or dates of service): ?
16. SOCIAL SECURITY NO.
17. INFORMANT: Etta Collins — ADDRESS: 724 West Lexington St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Carcinoma of the stomach — INTERVAL BETWEEN ONSET AND DEATH: about 2 yrs
DUE TO
ANTECEDENT CAUSES
(B)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
DUE TO
(C)

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12/1, 1950 *to* 12/8, 1950, *that I last saw the deceased alive on* 12/8/, 1950 *and that death occurred at* 12:30 a m., *from the causes and on the date stated above.*

23A. SIGNATURE: H Weinberger, M. D.
23B. ADDRESS: 912 Brooks Lane
23C. DATE SIGNED: 12/11/50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12-13-50
24C. NAME OF CEMETERY OR CREMATORY: St. Paul's
24D. LOCATION (City, town, or county) (State): Violetville, Md.

DATE RECEIVED BY LOCAL REGISTRAR: DEC 12 1950
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Wm Cook Inc — ADDRESS: 1217 St Paul, city (2)

VS 150

46 B

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given if supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M 2-54

50-10595

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 50-10595

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Mary Leigh McNeal

2. DATE OF DEATH: 12/10/50 3:15 A.M.

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Good Samaritan Hospital 27 N. Carey St
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Balto 21-02
D. STREET ADDRESS (If rural, give location): 1445 Washington Blvd

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Jan 7th 1885
9. AGE (If years, last birthday): 65 — If Under 1 Year: Months: Days: If Under 24 Hours: Hours: Min.:
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Car Cleaner
10B. KIND OF BUSINESS OR INDUSTRY: Balto. Transit Co. ST. RAILWAY
11. BIRTHPLACE (State or foreign country): Balto. Md.
12. CITIZEN OF WHAT COUNTRY?:
13. FATHER'S NAME: Charles Vogt
14. MOTHER'S MAIDEN NAME: Anna Oggle
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Clara Gilberto ADDRESS: 1443 Washington Blvd

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Metastatic Adeno-Carcinoma — INTERVAL BETWEEN ONSET AND DEATH: About 1 yr.

DUE TO

ANTECEDENT CAUSES

(B) Adeno-Carcinoma of Cervix — About 2 yr.

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June, 1950, *to* Dec. 10, 1950, *that I last saw the deceased alive on* 12-10-, 1950, *and that death occurred at* 3 Am., *from the causes and on the date stated above.*

23A. SIGNATURE: Potomac Hyman M. D.
23B. ADDRESS: 2424 Eutaw Place
23C. DATE SIGNED: 12-11-50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12/13/50
24C. NAME OF CEMETERY OR CREMATORY: Balto.
24D. LOCATION (City, town, or county) (State): Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR: DEC 1 2 1950
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Wm Bok Inc. ADDRESS: 1217 St. Paul St.

VS 150

970 51

48a

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

H-155

50-10596

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 50-10596

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Mimia Huffman

2. DATE OF DEATH: 12-11-50 6:45 AM

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 18W. 20th Street
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Baltimore
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Maryland 12-05
D. STREET ADDRESS (If rural, give location): 18 W. 20th Street

5. SEX: F.
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: July 9, 1870
9. AGE (In years last birthday): 80
If Under 1 Year: Months: Days
If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10B. KIND OF BUSINESS OR INDUSTRY: own home
11. BIRTHPLACE (State or foreign country): W. Va.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Allan Hannah
14. MOTHER'S MAIDEN NAME: Susie Snadger

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): —
(If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: None
17. INFORMANT: B. Allan Huffman
ADDRESS: 18W 20th St.

MEDICAL CERTIFICATION

18. 443X

CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Hypertension C-V Disease

DUE TO

ANTECEDENT CAUSES

(B) Bronchopneumonia

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 1, 1950 to Dec 11, 1950, that I last saw the deceased alive on Dec 10, 1950 and that death occurred at 6:45 A m., from the causes and on the date stated above.

23A. SIGNATURE: Milton Eisenrich M. D.
23B. ADDRESS: 1712 W. Fayette
23C. DATE SIGNED:

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12-14-50
24C. NAME OF CEMETERY OR CREMATORY: Glen Haven
24D. LOCATION (City, town, or county) (State): A.A. County

DATE RECEIVED BY LOCAL REGISTRAR: DEC 12 1950
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Wm Cook Inc.
ADDRESS: 1217 St Paul

VS 150

93D city 2

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M-242

50-10597

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 50-10597

BIRTH NO.

1. NAME OF DECEASED (Type or Print) JULIUS (Julian) MAGALSKI

2. DATE OF DEATH 12/9/50

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) ST. JOSEPH'S HOSP.

C. Length of stay in Baltimore Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE MD.
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTO. 2-01
D. STREET ADDRESS (If rural, give location) 132 S. CHAPEL ST.

5. SEX MALE
6. COLOR OR RACE WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED
8. DATE OF BIRTH JUNE 10 1888
9. AGE (In years last birthday) 62
If Under 1 Year: Months Days
If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MOLDER
10B. KIND OF BUSINESS OR INDUSTRY HARRY G. WEISKITTEL CO.
11. BIRTHPLACE (State or foreign country) POLAND
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME LUDWIG MAGALSKI
14. MOTHER'S MAIDEN NAME ANNA JADLINSKA

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) NO
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT MRS. JOSEPHINE MAGALSKI
ADDRESS 132 S. CHAPEL

MEDICAL CERTIFICATION

18. 002 X

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) Generalized miliary T.B.

DUE TO

(B) T.B. of the lungs.

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12/4/50 19__, *to* 12/9/50, 19__, *that I last saw the deceased alive on* 12/9/50, 19__, *and that death occurred at* 8 10 p. m., *from the causes and on the date stated above.*

23A. SIGNATURE [signature] M. D.
23B. ADDRESS ST. JOSEPH'S HOSP.
23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
24B. DATE DEC. 13, 1950
24C. NAME OF CEMETERY OR CREMATORY HOLY CROSS POLISH NAT'L
24D. LOCATION (City, town, or county) (State) BALTO. CO. MD.

DATE RECEIVED BY LOCAL REGISTRAR DEC 1 2 1950
REGISTRAR'S SIGNATURE [signature]
25. FUNERAL DIRECTOR WILLIAM COOK, INC.
ADDRESS 217 ST. PAUL ST.

VS 150

6903D

13B

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be obtained or supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

200 50-10598 DUSCHAY 50-10598

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Carrie Smith Duschay

2. DATE OF DEATH: Dec 9, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Lutheran Hospital of Maryland
C. Length of stay in Baltimore: 46 Yrs. 1 Mos. WK Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY: Balto. Co
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): 5300
D. STREET ADDRESS (If rural, give location): 1812 Center Ave. N. Washington Blvd

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed.
8. DATE OF BIRTH: Mar. 23rd 1881
9. AGE (In years last birthday): 69
If Under 1 Year: Months Days
If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: At Home
11. BIRTHPLACE (State or foreign country): Balto. City Md
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Wm Smith
14. MOTHER'S MAIDEN NAME: Laura Nace

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Mrs. Fredk Knache
ADDRESS: Middle River Md Edwards Lane

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

592 X

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Malnutrition

~~DUE TO~~

ANTECEDENT CAUSES

(B) Chronic Glomerular Nephritis

~~DUE TO~~

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C) Chronic Heart Failure

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Lues, Late

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION: —
19B. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify): —
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.): —
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): —

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12/2, 1950, *to* 12/9, 1950, *that I last saw the deceased alive on* 12/9, 1950, *and that death occurred at* 1:32 p.m., *from the causes and on the date stated above.*

23A. SIGNATURE: W. J. Dorsey M. D.
23B. ADDRESS: Lutheran Hospital Md
23C. DATE SIGNED: 12/9/50.

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12/12/50
24C. NAME OF CEMETERY OR CREMATORY: St. Mary Episcopal Cem
24D. LOCATION (City, town, or county) (State): Balto. City Md

DATE RECEIVED BY LOCAL REGISTRAR: DEC 12 1950
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Lassahn Funeral Home
ADDRESS: 7401 Belair Rd. Balto Co

VS 150

309

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be furnished if supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

N-425 50-10599

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be furnished if supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 50-10599

BIRTH NO.

1. NAME OF DECEASED (Type or Print): WILBUR ORMOND NELSON Jr.

2. DATE OF DEATH: 12-10-50

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): UNIVERSITY HOSPITAL
C. Length of stay in Baltimore: Yrs. 2 Mos. 1 Days 5

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY: Balto.
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township):
D. STREET ADDRESS (If rural, give location): 5128 ROLLING RD

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: Jan. 20, 1887
9. AGE (In years last birthday): 63 — If Under 1 Year: Months: Days: — If Under 24 Hours: Hours: Min.:
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): TUNNEL INSPECTOR
10B. KIND OF BUSINESS OR INDUSTRY: RAILROAD
11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY? US
13. FATHER'S NAME: WILLIAM O NELSON
14. MOTHER'S MAIDEN NAME: JENNIE ROBINSON
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): no
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: HOSP RECORDS — ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) MYOCARDIAL INFARCTION — INTERVAL BETWEEN ONSET AND DEATH: 6 MOS. ?

DUE TO

ANTECEDENT CAUSES

(B) CORONARY OCCLUSION

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 11-25, 1950, *to* 12-10, 1950, *that I last saw the deceased alive on* 12-10, 1950 *and that death occurred at* 10 10 *a.m., from the causes and on the date stated above.*

23A. SIGNATURE: John W. Stover M. D.
23B. ADDRESS: Univ. Hosp.
23C. DATE SIGNED: 12-10-50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12/13/50
24C. NAME OF CEMETERY OR CREMATORY: Loudon Park Cem.
24D. LOCATION (City, town, or county) (State): Balto., Md.

DATE RECEIVED BY LOCAL REGISTRAR: DEC 12 1950
REGISTRAR'S SIGNATURE: Thurlington Williams, M.D.
25. FUNERAL DIRECTOR: Wm. J. Lechner & Son
ADDRESS: Balto, Md.

VS 150

533 50

94a

F-620 50-10800

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50-10800

BIRTH NO.

1. NAME OF DECEASED (Type or Print): JESSIE ANNIE FRASKE

2. DATE OF DEATH: Dec 11, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Hosp. for Women of Maryland
C. Length of stay in Baltimore: Yrs. 47 Mos. ? Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY: Balto City
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 21-01
D. STREET ADDRESS (If rural, give location): 827 W. Barre St.

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): S
8. DATE OF BIRTH: May 29, 1877
9. AGE (In years last birthday): 73
If Under 1 Year: Months: Days
If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Seamstress
10B. KIND OF BUSINESS OR INDUSTRY: Shirt machine SHIRTS (M)
11. BIRTHPLACE (State or foreign country): London, England
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Frederick Fraske
14. MOTHER'S MAIDEN NAME: Annie Wall

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 215-07-1785
17. INFORMANT: Self
ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Peritonitis — INTERVAL BETWEEN ONSET AND DEATH: 6-7 d.

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Exploratory laparotomy, cholecystostomy — 13 days

DUE TO

(C) Carcinoma head of pancreas with metastasis — ?

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. —

19A. DATE OF OPERATION: Nov 28, 1950
19B. MAJOR FINDINGS OF OPERATION: Carcinoma head of pancreas with metastases Empyema gall bladder
20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH —
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) —
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) —
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m. —
21E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ] —
21F. HOW DID INJURY OCCUR? —

22. *I hereby certify that I attended the deceased from* Nov 22, 1950, *to* Dec 11, 1950, *that I last saw the deceased alive on* Dec 11, 1950, *and that death occurred at* 7 A m., *from the causes and on the date stated above.*

23A. SIGNATURE: E. T. Bennett M. D.
23B. ADDRESS: Women's Hospital
23C. DATE SIGNED:

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12/13/50
24C. NAME OF CEMETERY OR CREMATORY: Western Cem.
24D. LOCATION (City, town, or county) (State): Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR: DEC 1 2 1950
REGISTRAR'S SIGNATURE: Lucille Williams, M.D.
25. FUNERAL DIRECTOR: Wm. J. Tickner & Sons
ADDRESS: Balto Md.

VS 150

6904G

469

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be entered if supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

V-525

50-10601

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 50-10601

BIRTH NO.

1. NAME OF DECEASED (Type or Print): MABLE F. JOHNSON

2. DATE OF DEATH: Dec. 11, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): no 3520 Sixth Street
C. Length of stay in Baltimore (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 25-04
D. STREET ADDRESS (If rural, give location): 3520 Sixth Street

5. SEX: female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Sept. 28, 1884
9. AGE (In years last birthday): 66 — If Under 1 Year: Months / Days — If Under 24 Hours: Hours / Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: John Akehuit
14. MOTHER'S MAIDEN NAME: Eliza Gerbrick
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): no — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: no
17. INFORMANT: Mr. Joseph N. Johnson — ADDRESS: Brooklyn 3520 6th St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Coronary thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 5 days

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C) Arteriosclerosis with cancer by partners — ?

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec. 7, 1950, *to* Dec. 11, 1950, *that I last saw the deceased alive on* Dec. 10, 1950 *and that death occurred at* 1:50 A. m., *from the causes and on the date stated above.*

23A. SIGNATURE: Maurice S. Thamen M. D.
23B. ADDRESS: 3300 W. North Ave.
23C. DATE SIGNED: 12/12/50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12/13/50
24C. NAME OF CEMETERY OR CREMATORY: Loudon Park Cem.
24D. LOCATION (City, town, or county) (State): Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR: DEC 1 2 1950
REGISTRAR'S SIGNATURE: Geo. J. Williams, M.D.
25. FUNERAL DIRECTOR: Wm. J. Pickner & Sons
ADDRESS: 94a Md.

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

50-10602

GIRNIE - BLUE

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50-10602

Registered No.

B-400

BIRTH NO.

1. NAME OF DECEASED (Type or Print): BLUE, GIRNIE

2. DATE OF DEATH: 12/9/50

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 39 Provident
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 17-02
D. STREET ADDRESS (If rural, give location): 1003 Pennsylvania

5. SEX: Male
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: 2/11/05
9. AGE (In years last birthday): 45
If Under 1 Year: Months: Days
If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10B. KIND OF BUSINESS OR INDUSTRY: Construction
11. BIRTHPLACE (State or foreign country): N. C.
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: ?
14. MOTHER'S MAIDEN NAME: ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Mrs Moll Blue
ADDRESS: 1003 Pennsylvania ave.

MEDICAL CERTIFICATION

18. 331X

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) Cerebral Hemorrhage

DUE TO

(B) Hypertension

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12/9, 1950 *to* 12/9, 1950, *that I last saw the deceased alive on* 12/9, 1950, *and that death occurred at* 11 40 P *m., from the causes and on the date stated above.*

23A. SIGNATURE: John H. Holmes III M. D.
23B. ADDRESS: Provident
23C. DATE SIGNED: 12/11/50

24A. BURIAL, CREMATION, REMOVAL (Specify): 12/12/50
24B. DATE:
24C. NAME OF CEMETERY OR CREMATORY: Southern Pines
24D. LOCATION (City, town, or county) (State): North Carolina

DATE RECEIVED BY LOCAL REGISTRAR: DEC 1 2 1950
REGISTRAR'S SIGNATURE: [illegible]
25. FUNERAL DIRECTOR: A. Halstead
ADDRESS: 918 - Druid Hill Ave.

VS 150

97024

83a

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

50-10603 HUNTER X

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 50-10603

BIRTH NO. I-536

1. NAME OF DECEASED (Type or Print): Mrs Anna L. Hunter

2. DATE OF DEATH: 12-11-50

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): University Hospital Balto. Md

C. Length of stay in Baltimore: 14 WKS (~~Yrs.~~ ~~Mos.~~ ~~Days~~)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md. B. COUNTY: Balto.
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Dundalk. 5300
D. STREET ADDRESS (If rural, give location): 56 Admiral Blvd.

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): W
8. DATE OF BIRTH: 5/17/1888
9. AGE (In years last birthday): 62 — If Under 1 Year: Months, Days — If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY: H. W.
11. BIRTHPLACE (State or foreign country): Pa.
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: George Heinmann
14. MOTHER'S MAIDEN NAME: Louisa Kurtz

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): —
(If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.:
17. INFORMANT: Husband. ADDRESS: J. E. HUNTER

MEDICAL CERTIFICATION

18. 260 X

CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Hypertension - C-V - Disease.

DUE TO

ANTECEDENT CAUSES

(B) Diabetes, Anemia, Hydrothorax

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-4-50, 19__, to 12-11-50, 19__, that I last saw the deceased alive on 12-11-50, 19__, and that death occurred at 5:30 a. m., from the causes and on the date stated above.

23A. SIGNATURE: Joseph B. Bromwhoe M.D.
23B. ADDRESS: University Hospital
23C. DATE SIGNED: 12-11-50

24A. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: 12/14/1950
24C. NAME OF CEMETERY OR CREMATORY: OAK LAWN
24D. LOCATION (City, town, or county) (State): BALTO. Md.

DATE RECEIVED BY LOCAL REGISTRAR: DEC 12 1950
REGISTRAR'S SIGNATURE: Thomas Williams, M.D.
25. FUNERAL DIRECTOR: Walter Brooke Bradley, ADDRESS: Dundalk

VS 150

N.B. THIS CERTIFICATE WAS COMPLETED BY HOSPITAL NOT FUNERAL DIRECTOR

61

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be furnished if supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

V-635 50-10604 JORDAN 50-10604

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Mr. Jule M. Jordan.

2. DATE OF DEATH: 12/9/50.

3. PLACE OF DEATH: A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Church Home & Hospital.

C. Length of stay in Baltimore: 28 yrs. (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md. B. COUNTY: Baltimore
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 5200
D. STREET ADDRESS (If rural, give location): 1770 Brookview Rd.

5. SEX: M.
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Divorced.
8. DATE OF BIRTH: 9/21/1879
9. AGE (In years last birthday): 71 yrs.
If Under 1 Year: Months | Days | If Under 24 Hours: Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Bank under.
10B. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): France
12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: Charles Jordan. TAVERN
14. MOTHER'S MAIDEN NAME: unknown.

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): —
(If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: 215-03-0382
17. INFORMANT: Church Home Hosp. ADDRESS:

MEDICAL CERTIFICATION

18. 331X

CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral hemorrhage. — INTERVAL BETWEEN ONSET AND DEATH: 1 week

DUE TO: into L frontal lobe rupturing through to meninges

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Cerebral arteriosclerosis — years

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: —
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12/2, 1950 *to* 12/9, 1950, *that I last saw the deceased alive on* 12/9, 1950, *and that death occurred at* ____ *m., from the causes and on the date stated above.*

23A. SIGNATURE: J. Reed Carroll M. D.
23B. ADDRESS: Church Home Hospital
23C. DATE SIGNED: 12/9/

24A. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: 12/14/1950
24C. NAME OF CEMETERY OR CREMATORY: BELLE VERNON
24D. LOCATION (City, town, or county) (State): BELLE VERNON, PA.

DATE RECEIVED BY LOCAL REGISTRAR: DEC 12 1950
REGISTRAR'S SIGNATURE: Thomas J. Williams, M.
25. FUNERAL DIRECTOR: Walter Brooke Bradley
ADDRESS: Dundalk

VS 150 750 6M 83a

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be furnished if supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M- 231
50-10605

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50-10605

1. NAME OF DECEASED (Type or Print): MATTIE McDUFFIE

2. DATE OF DEATH: December 11, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): University Hospital
C. Length of stay in Baltimore (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 18-01
D. STREET ADDRESS (If rural, give location): 902 W. Lexington Street

5. SEX: Female
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widow
8. DATE OF BIRTH: July 13, 1890
9. AGE (In years last birthday): 60 — If Under 1 Year: Months, Days — If Under 24 Hours: Hours, Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): South Carolina
12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME: Andrew Davis
14. MOTHER'S MAIDEN NAME: Alice Ruth
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Mrs. Alice Monger — ADDRESS: 438 Moore St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Arteriosclerotic cardiovascular disease
DUE TO
(B)
DUE TO
(C)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* Inspection & Inquiry (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☒, *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

23A. SIGNATURE: Stanley K. Dunlacker M.D.
23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR ☐
23C. DATE SIGNED: Dec. 12, 1950

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12-15-50
24C. NAME OF CEMETERY OR CREMATORY
24D. LOCATION (City, town, or county) (State): Columbia, S. Carolina.

DATE RECEIVED BY LOCAL REGISTRAR
REGISTRAR'S SIGNATURE
25. FUNERAL DIRECTOR: Mrs. Frances A. Hunsley — ADDRESS: 578 W. Biddle St.

VS 151

921

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be furnished if supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M-614 50-10606

50-10606

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): HATTIE LEE MARVEL

2. DATE OF DEATH: 10 Dec 1950

3. PLACE OF DEATH: A. Baltimore City, Maryland — Balto. Md.

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2807 Washington Blvd.

C. Length of stay in Baltimore: 10 years (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 25-52
D. STREET ADDRESS (If rural, give location): 2807 Washington Blvd.

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: July 12, 1878
9. AGE (In years last birthday): 72 — If Under 1 Year: Months, Days — If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10B. KIND OF BUSINESS OR INDUSTRY: home
11. BIRTHPLACE (State or foreign country): Delaware
12. CITIZEN OF WHAT COUNTRY?: U. S.

13. FATHER'S NAME: Rubin Taylor
14. MOTHER'S MAIDEN NAME: Anna Warrington

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): no. (If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: —
17. INFORMANT: Thelma T. Cooper — ADDRESS: 2807 Wash Blvd

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: sudden

DUE TO

ANTECEDENT CAUSES

(B) arteria-sclerosis — year

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. asthma, bronchial — years

19A. DATE OF OPERATION: —
19B. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify): no
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.): none
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): none

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.: none
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐: none
21F. HOW DID INJURY OCCUR?: none

22. *I hereby certify that I attended the deceased from* 23 Nov, 1950 *to* 10 Dec, 1950, *that I last saw the deceased alive on* 23 Nov, 1950 *and that death occurred at* 8.45 *m., from the causes and on the date stated above.*

23A. SIGNATURE: William Goodman, M. D.
23B. ADDRESS: 1334 Sulphur Spring Road
23C. DATE SIGNED: 10 Dec 50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12/13/1950
24C. NAME OF CEMETERY OR CREMATORY: Mt. Olivet Cem.
24D. LOCATION (City, town, or county) (State): Balto - Md

DATE RECEIVED BY LOCAL REGISTRAR:
REGISTRAR'S SIGNATURE:
25. FUNERAL DIRECTOR: F. B. Weppert & Son — ADDRESS: 1300 Eutaw Pl

VS 150

94a

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be complete if supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

D-512 50-10607

50-10607

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Pearl - M. Dempsey

2. DATE OF DEATH: Dec- 9-1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2652 Wilkens Ave.
C. Length of stay in Baltimore: 40 Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore City 20-05
D. STREET ADDRESS (If rural, give location): 2652 - Wilkens Ave

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married.
8. DATE OF BIRTH: Feb-28-1887
9. AGE (In years last birthday): 63 62.
If Under 1 Year: Months Days
If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Waitress
10B. KIND OF BUSINESS OR INDUSTRY: Nolans Cafe
11. BIRTHPLACE (State or foreign country): Nat. Aires, Ned.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: ? Mundinis
14. MOTHER'S MAIDEN NAME: ? Daly

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: 218-01-5370
17. INFORMANT: William H. Dempsey
ADDRESS: Same

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

331 X

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 7 yrs.

DUE TO

ANTECEDENT CAUSES

(B) Hypertension — 7 yrs.

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec. *,* 1943 *to* Dec. 9 *,* 1950*, that I last saw the deceased alive on* Dec. 8 *,* 1950 *and that death occurred at* 6:30 *m., from the causes and on the date stated above.*

23A. SIGNATURE: Morris B. Schreiber M. D.
23B. ADDRESS: 578 Fulton Ave
23C. DATE SIGNED: 12-12-50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: Dec. 12/50
24C. NAME OF CEMETERY OR CREMATORY: Loudon Park
24D. LOCATION (City, town, or county) (State): Balto - Md

DATE RECEIVED BY LOCAL REGISTRAR: DEC 12 1950
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: F. P. Wilfert & Son
ADDRESS: 1300 Eutaw

VS 150

784 6M

83a

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be definitely supplied. The correct age is especially important. Physicians: please write the causes of death clearly and only.

S-341
50-10608

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50-10608

BIRTH NO.

1. NAME OF DECEASED (Type or Print): William D. Stalfort
2. DATE OF DEATH: 12-10-50

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Union Memorial Hospital
C. Length of stay in Baltimore: Yrs. 44 Mos. Days Life

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: -
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 8-01
D. STREET ADDRESS (If rural, give location): 2202 Mayfield Avenue

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: 8-19-1881
9. AGE (In years last birthday): 69
If Under 1 Year: Months Days
If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Leather Merchant
10B. KIND OF BUSINESS OR INDUSTRY: Supplies (W) SELF
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Gerhardt Stalfort
14. MOTHER'S MAIDEN NAME: Helen Dahnke

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): Unk. (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 212-14-2818
17. INFORMANT: Mrs. Thekla Stalfort ADDRESS: 2202 Mayfield Avenue

MEDICAL CERTIFICATION

CAUSE OF DEATH

18. I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) 420.1
(A) Myocardial infarction
DUE TO
ANTECEDENT CAUSES
(B) Coronary occlusion
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
DUE TO
(C) Arteriosclerotic hypertensive Cardiovascular disease

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Rheumatic Heart Disease

19A. DATE OF OPERATION: —
19B. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH: —
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.): —
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): —
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.: —
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from Dec. 4, 1950, to Dec 10, 1950, that I last saw the deceased alive on DEC. 10, 1950, and that death occurred at 9:25 P m., from the causes and on the date stated above.

23A. SIGNATURE: Richard Beach M. D.
23B. ADDRESS: Union Memorial Hospital
23C. DATE SIGNED: 12-10-50

24A. BURIAL, CREMATION, REMOVAL (Specify): burial
24B. DATE: 12/13/50
24C. NAME OF CEMETERY OR CREMATORY: Parkwood Cemetery
24D. LOCATION (City, town, or county) (State): Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR: DEC 1 2 1950
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: HENRY SANDER & SONS, INC BALTO., 13, MD.
ADDRESS: Henry Sander

VS 150

29068 93c

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

W-426
50-10609

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50-10609
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): SUSIE WALKER

2. DATE OF DEATH: December 9, 195 ~~1950~~

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): PINE RIDGE NURSING HOME
60
C. Length of stay in Baltimore: life (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 27-48
D. STREET ADDRESS (If rural, give location): 610 Northern Parkway

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widow
8. DATE OF BIRTH: Jan. 29, 1873
9. AGE (In years last birthday): 77 | If Under 1 Year: Months, Days | If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housework
10B. KIND OF BUSINESS OR INDUSTRY: At home
11. BIRTHPLACE (State or foreign country): Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Smith
14. MOTHER'S MAIDEN NAME: Amanda Holt

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT: 610 Northern Parkway -12 Arthur G. Mears

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Coronary Thrombosis

DUE TO

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

420.1

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 11/1, 19 50, *to* 12/9, 19 50, *that I last saw the deceased alive on* 12/9/50, 19____ *and that death occurred at* ____ *m., from the causes and on the date stated above.*

23A. SIGNATURE: Roland Bolley, M. D.
23B. ADDRESS: 5703 Harford Rd
23C. DATE SIGNED: 12/11/50

24A. BURIAL, CREMATION, REMOVAL (Specify): burial
24B. DATE: 12/12/50
24C. NAME OF CEMETERY OR CREMATORY: Baltimore Cemetery
24D. LOCATION (City, town, or county) (State): Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR: DEC 12 1950
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: HENRY SANDER & SONS, INC. BALTO., 13, MD.
ADDRESS: Geo. H. Sander

VS 150

94a

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be [illegible] fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M-320

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. 50-10610

Registered No. 50-10610

1. NAME OF DECEASED (Type or Print): Nicholas Mathews

2. DATE OF DEATH: Dec. 12, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): President Hospital
C. Length of stay in Baltimore: Lifetime (70?) Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 14-03
D. STREET ADDRESS (If rural, give location): 2035 McCulloh St.

5. SEX: Male
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Sept 15, 1875
9. AGE (In years last birthday): 75
If Under 1 Year: Months: Days
If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Deliveryman
10B. KIND OF BUSINESS OR INDUSTRY: Market
11. BIRTHPLACE (State or foreign country): Baltimore Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Nicholas Mathews, Sr.
14. MOTHER'S MAIDEN NAME: Annie Rose

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): Unknown
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.

17. INFORMANT: Mrs. Mae Mathews
ADDRESS: 2035 McCulloh St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

153X

(A) Intestinal Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH

DUE TO

(B) Probably Carcinoma of Colon — 3 months?

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* September, 1950 *to* Dec. 8, 1950, *that I last saw the deceased alive on* Dec. 8, 1950, *and that death occurred at* 1:50 p.m., *from the causes and on the date stated above.*

23A. SIGNATURE: [illegible] M. D.
23B. ADDRESS: 2243 Madison Ave.
23C. DATE SIGNED: 12/12/50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12/12/1950
24C. NAME OF CEMETERY OR CREMATORY: Mt Auburn
24D. LOCATION (City, town, or county) (State): Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR: DEC 12 1950
REGISTRAR'S SIGNATURE: Washington Williams, M.D.
25. FUNERAL DIRECTOR: Holland Funeral Home
ADDRESS: 1631 David Hill Ave.

VS 150

46E

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

H-439 50-10611

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50-10611
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) JESSE J. HOLT (Jessie J. Holt)

2. DATE OF DEATH December 11, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Johns Hopkins Hospital
c. Length of stay in Baltimore 25 yrs (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 8-07
D. STREET ADDRESS (If rural, give location) 1811 E. Biddle Street

5. SEX male
6. COLOR OR RACE colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH March 12, 1899
9. AGE (In years last birthday) 51
If Under 1 Year: Months Days
If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer
10B. KIND OF BUSINESS OR INDUSTRY General
11. BIRTHPLACE (State or foreign country) N. C
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Rufus Holt
14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) Yes (If yes, give war or dates of service) War 1
16. SOCIAL SECURITY NO.
17. INFORMANT Julia Holt ADDRESS 1811 E. Biddle St

MEDICAL CERTIFICATION

CAUSE OF DEATH

18. 420.1

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Coronary occlusion

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* autopsy (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☒, *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

23A. SIGNATURE William Wood M.D.
23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR ☐
23C. DATE SIGNED Dec. 11, 1950

24A. BURIAL, CREMATION, REMOVAL (Specify) Buried
24B. DATE 12-14-1950
24C. NAME OF CEMETERY OR CREMATORY U. S. Balto National
24D. LOCATION (City, town, or county) (State) Md

DATE RECEIVED BY LOCAL REGISTRAR DEC 1 2 1950
REGISTRAR'S SIGNATURE Victor Williams, M.D.
25. FUNERAL DIRECTOR Rayner Sanders
ADDRESS 1412 E. Preston St

VS 151 97099

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

S-632 ~~S-263~~

50-10612

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50-10612

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): HENRY SCHWARTZ

2. DATE OF DEATH: Dec 9, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Baltimore City Hospital
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MD.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BALTIMORE 26-05
D. STREET ADDRESS (If rural, give location): 6402 EASTERN AVE

5. SEX: M.
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): W
8. DATE OF BIRTH: FEB-15-1876
9. AGE (In years last birthday): 74
If Under 1 Year: Months / Days
If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Gardener Retired
10B. KIND OF BUSINESS OR INDUSTRY: A-S & R Co METAL REFINING
11. BIRTHPLACE (State or foreign country): Balto Co. Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John Schwartz
14. MOTHER'S MAIDEN NAME: Mary Nitzel

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: HENRY G SCHWARTZ
ADDRESS: 6402 EASTERN AVE

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Fractures of neck, legs + skull
DUE TO
(B) Crushing injury of chest
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. EXTERNAL CAUSE WAS UNDERLYING ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.): Street
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): 6700 Block of Eastern Ave. 26/5
21D. TIME OF INJURY (Month) (Day) (Year) (Hour): Dec 9 1950 p.m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☑
21F. HOW DID INJURY OCCUR? Pedestrian struck by auto

22. *I certify that I took charge of the remains described above, held an* ~~Autopsy,~~ Inspection + Inquiry *thereon and from the evidence obtained by said* ~~Autopsy,~~ *Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☐, *accident* ☑, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

23A. SIGNATURE: Stanley H. Dunlaeber M.D.
23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☑ MEDICAL INVESTIGATOR ☐
23C. DATE SIGNED: Dec 10, 1950

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12/13/50
24C. NAME OF CEMETERY OR CREMATORY: Schwartz
24D. LOCATION (City, town, or county) (State): Balto Md

DATE RECEIVED BY LOCAL REGISTRAR: DEC 1 2 1950
REGISTRAR'S SIGNATURE: Beatrice Williams, M.D.
25. FUNERAL DIRECTOR: Clarence P. Hoffman
ADDRESS: 1639 Broadway

VS 151

N-804.2 6903C 170C

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be furnished. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

To be approved by Medical Examiner

M-260 50-10613

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50-10613

Registered No.

1. NAME OF DECEASED (Type or Print): Mrs. Mary Mechura

2. DATE OF DEATH: 12/11/50

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bon Secours Hospital
C. Length of stay in Baltimore: 64 years (Yrs. Mos. Days) 34

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE
B. COUNTY: 130 S. Patterson Park Ave. Balto. Md. 31
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 1-05
D. STREET ADDRESS (If rural, give location): 130 S. Patterson Park Ave. Balto.

5. SEX: F
6. COLOR OR RACE: W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: 1865
9. AGE (In years last birthday): 85 — If Under 1 Year: Months / Days — If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework
10B. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Bohemia
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Not Known
14. MOTHER'S MAIDEN NAME: Not Known

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Clay Council — ADDRESS: 202 Washburn Av

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Arteriosclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH

DUE TO

(B) Fracture Neck of Femur - Rt.

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

CERTIFICATION APPROVED BY

B B Fisher M. D.

CHIEF OR ASST. MEDICAL EXAMINER.

19A. DATE OF OPERATION: Nov. 15 - 1950
19B. MAJOR FINDINGS OF OPERATION: Fracture of upper end of right femur
20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☑ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.): Institution -
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): 130 S. Patterson Park Ave. Balto. Md.
21D. TIME OF INJURY (Month) (Day) (Year) (Hour): 10/24/50 m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☑
21F. HOW DID INJURY OCCUR? Patient fell (slipped & fell to floor)

22. I hereby certify that I attended the deceased from 10/24/50, 1950, to Dec. 11, 1950, that I last saw the deceased alive on Dec. 11, 1950, and that death occurred at 1 p. m., from the causes and on the date stated above.

23A. SIGNATURE: John A. Farrar M. D.
23B. ADDRESS: Bon Secours Hosp
23C. DATE SIGNED: 12/11/50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12-14-50
24C. NAME OF CEMETERY OR CREMATORY: Holy Cross
24D. LOCATION (City, town, or county) (State): Cemetery Linden Co. Md

DATE RECEIVED BY LOCAL REGISTRAR: DEC 12 1950
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Frank Grach & Son
ADDRESS: 800 Cheaster

VS 450

1660

186a

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be left blank if not supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

W-445
50-10614

50-10614

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): MARY C. WILHELM.

2. DATE OF DEATH: Dec 10, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 60 Pineridge Nursing Home.
C. Length of stay in Baltimore — Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Balto. 12-07
D. STREET ADDRESS (If rural, give location): 411 W. 28th St.

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Dec. 23 1863
9. AGE (In years last birthday): 86 — If Under 1 Year: Months, Days — If Under 24 Hours: Hours, Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10B. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: ?
14. MOTHER'S MAIDEN NAME: ?
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): —
(If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: —
17. INFORMANT: Katherine M. Davis — ADDRESS: 411 W. 28th St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral arteriosclerosis — INTERVAL BETWEEN ONSET AND DEATH: Unknown

DUE TO Cardio Vascular disease

ANTECEDENT CAUSES

Pulmonary edema — 2 years.

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: None
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12-1, 1950 *to* 12-10, 1950 *that I last saw the deceased alive on* 12-10, 1950, *and that death occurred at* 2:05 *m., from the causes and on the date stated above.*

23A. SIGNATURE: George H. E. Cross. M. D.
23B. ADDRESS: 28 W 25th St.
23C. DATE SIGNED: 12-11-50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12/13/50
24C. NAME OF CEMETERY OR CREMATORY: Druid Ridge.
24D. LOCATION (City, town, or county) (State): Pikesville Md.

DATE RECEIVED BY LOCAL REGISTRAR: DEC 14 1950
REGISTRAR'S SIGNATURE: Lawrence Williams, M.D.
25. FUNERAL DIRECTOR: Paul E. Schenouth Jr. — ADDRESS: 3615-17 Chestnut Ave.

VS 15

93D

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be furnished if possible. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

C-200

BIRTH NO. 50-10615

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 50-10615

1. NAME OF DECEASED (Type or Print): Julia Hanna Cox

2. DATE OF DEATH: Dec 11, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Union Memorial Hospital
C. Length of stay in Baltimore: Yrs. 44 Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY: Balto.
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Balto
D. STREET ADDRESS (If rural, give location): Corbeyville 5300

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): M
8. DATE OF BIRTH: June 21, 1890
9. AGE (In years last birthday): 60
If Under 1 Year: Months / Days
If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: At Home
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Thomas Arthur Hanna
14. MOTHER'S MAIDEN NAME: Catherine Stinchcomb

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): None
(If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT: C. Dewey Cox, Husband
ADDRESS: Same

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Hypostatic Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 14 da.

DUE TO

ANTECEDENT CAUSES

(B) Arteriosclerotic Heart Disease — ?

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov. 30, 1950, *to* Dec 11, 1950, *that I last saw the deceased alive on* Dec 11, 1950, *and that death occurred at* 1:45 P m., *from the causes and on the date stated above.*

23A. SIGNATURE: Alvin Longlaar M. D.
23B. ADDRESS: Union Memorial Hosp.
23C. DATE SIGNED: 12-11-50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: Dec. 14, 1950
24C. NAME OF CEMETERY OR CREMATORY: Mt Carmel Methodist Cem
24D. LOCATION (City, town, or county) (State): Mt. Carmel, Balto. Co., Md.

DATE RECEIVED BY LOCAL REGISTRAR: DEC 12 1950
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: John Burns' Sons
ADDRESS: Towson, Maryland

93D

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be [illegible] supplied. The correct age is especially important. Physicians: please write the causes of death clearly and [illegible]bly.

S-300 ~~S-2-30~~

50-10616

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50-10616
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): BERNARD EDWARD SCOTT

2. DATE OF DEATH: December 9, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 3704 Ferndale Avenue
C. Length of stay in Baltimore: 60 Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore -7- 28-41
D. STREET ADDRESS (If rural, give location): 3704 Ferndale Avenue

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: August 4 1890
9. AGE (In years last birthday): 60
If Under 1 Year: Months Days
If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Bookkeeper
10B. KIND OF BUSINESS OR INDUSTRY: Banking
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? United States

13. FATHER'S NAME: George W. Scott
14. MOTHER'S MAIDEN NAME: Ida B. Layden

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): Yes (If yes, give war or dates of service): World War I
16. SOCIAL SECURITY NO.
17. INFORMANT: Mrs. Cora Scott ADDRESS: 3704 Ferndale Av. -7-

MEDICAL CERTIFICATION

18. 420.1

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

(A) Coronary Thrombosis — 2 wks.

DUE TO

(B) Hypertensive cardiovascular disease — 5 yrs

DUE TO

(C) Arteriosclerotic cardiovascular disease — 10 yrs

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* March 19 48 *to* Dec. 9, 19 50, *that I last saw the deceased alive on* Dec. 9, 19 50 *and that death occurred at* 6 00 P *m., from the causes and on the date stated above.*

23A. SIGNATURE: Millard T. Traford M. D.
23B. ADDRESS: 3400 Woodbine Ave. Balt. 7, Md
23C. DATE SIGNED: 12/9/50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: Dec. 12, 1950
24C. NAME OF CEMETERY OR CREMATORY: Woodlawn Cemetery
24D. LOCATION (City, town, or county) (State): Woodlawn, Md.

DATE RECEIVED BY LOCAL REGISTRAR: DEC 12 1950
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
FUNERAL DIRECTOR: J. Wilbur Lamoreaux
ADDRESS: 4510 Liberty Heights Ave.

VS 150

310 71

93D

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be [illegible] fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

H-430

50-10617

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50-10617

Registered No.

1. NAME OF DECEASED (Type or Print): Frank G. Hild

2. DATE OF DEATH: Dec. 11, 1950

3. PLACE OF DEATH: A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 827 Poplar Grove St.

c. Length of stay in Baltimore: Life (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Maryland

B. COUNTY:

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 16-06

D. STREET ADDRESS (If rural, give location): ~~827 Poplar Grove St.~~

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Aug. 8, 1886

9. AGE (In years last birthday): 64 yrs

If Under 1 Year: Months: Days

If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired CHAIR CANER

10B. KIND OF BUSINESS OR INDUSTRY: Md. Workshop for Blind WELFARE SERVICES

11. BIRTHPLACE (State or foreign country): Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Phillip Hild

14. MOTHER'S MAIDEN NAME: Sarah Nolan

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: No

17. INFORMANT: Mrs. Clara E. Hild

ADDRESS: 5509 Gwynn Oak Ave.

MEDICAL CERTIFICATION

18. 420.1

CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Chronic Myocardial Degeneration — INTERVAL BETWEEN ONSET AND DEATH: 5 yrs.

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Coronary Artery Disease — 5 yrs

DUE TO

(C) Generalized Arteriosclerosis — 6 yrs

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Senility

19A. DATE OF OPERATION: no operation

19B. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan. 1, 1929, *to* Dec. 11, 1950, *that I last saw the deceased alive on* Nov 29, 1950, *and that death occurred at* 2 A. *m., from the causes and on the date stated above.*

23A. SIGNATURE: Joshua H. Armacost M. D.

23B. ADDRESS: 6419 Windsor Mill Road

23C. DATE SIGNED: Dec 12 1950

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial

24B. DATE: Dec. 13, 1950

24C. NAME OF CEMETERY OR CREMATORY: Mt. Olive Cemetery

24D. LOCATION (City, town, or county) (State): Randallstown

DATE RECEIVED BY LOCAL REGISTRAR: DEC 12 1950

REGISTRAR'S SIGNATURE: Huntington Williams, M.D.

25. FUNERAL DIRECTOR: J. Miller Lamoreau

ADDRESS: 4510 Liberty Heights Ave.

VS 150

690 8W

937

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

D 650

MD-143971 50-10618

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50-10618 Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Annie Dorn

2. DATE OF DEATH: Dec. 11, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Baltimore City Hospitals, 4940 Eastern Avenue
C. Length of stay in Baltimore: Life (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 1-04
D. STREET ADDRESS (If rural, give location): 925 S. Bonney Dr. Binney St.

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Dec. 9, ?
9. AGE (In years last birthday): 79 ? If Under 1 Year: Months Days; If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: James Kelly
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown):
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Records: ADDRESS: Baltimore City Hospitals, 4940 Eastern Avenue

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cardiac Failure — INTERVAL BETWEEN ONSET AND DEATH: 2 minutes

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Terminal Pneumonia — 1 Day

DUE TO

(C) Intertrochantric Fracture - left femur — 6 Days

CERTIFICATION APPROVED BY

Stanley A. Dunlavey M. D.
CHIEF OR ASST. MEDICAL EXAMINER.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH ☐
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.): Home
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): 925 S. Bonney Dr. 1-4
21D. TIME OF INJURY (Month) (Day) (Year) (Hour): 12-5-50 ? m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21F. HOW DID INJURY OCCUR? Fell down front steps

22. *I hereby certify that I attended the deceased from* 12-5, 1950, *to* 12-11, 1950, *that I last saw the deceased alive on* 12-11, 1950, *and that death occurred at* 1:45p *m., from the causes and on the date stated above.*

23A. SIGNATURE: [redacted] A. Rogers M. D.
23B. ADDRESS: 4940 Eastern Avenue
23C. DATE SIGNED: 12-11-50

24A. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: DEC 14 1950
24C. NAME OF CEMETERY OR CREMATORY: SION LUTHERN
24D. LOCATION (City, town, or county) (State): PHILL ROAD & GOLDEN RD.

DATE RECEIVED BY LOCAL REGISTRAR: DEC 21 1950
REGISTRAR'S SIGNATURE: Winfrey Williams, M.D.
25. FUNERAL DIRECTOR: Stephen J. Fialkowski, Inc.
ADDRESS: 1000 S. KENWOOD AVE

VS/150

To Be Approved by Medical Examiner

N- 820.1

186a

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be [illegible] supplied. The correct age is especially important. Physicians: please write the causes of death clearly and [illegible]ly.

By phone, from Medical Examiner's Office
12/13/50 ES

M-620

50-10619

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50-10619

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): John Morris

2. DATE OF DEATH: 12-7-50

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Agnes Hosp
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY: Anne Arundel
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Anne Arundel Co.
D. STREET ADDRESS (If rural, give location): 2267 Bueller Pk.

5. SEX: Male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify):
8. DATE OF BIRTH: 3/30
9. AGE (In years last birthday): 62 — If Under 1 Year: Months, Days — If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John E
14. MOTHER'S MAIDEN NAME: Sadie Wheeler

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT — ADDRESS

MEDICAL CERTIFICATION

18. 420.1

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Coronary Thrombosis — 11-24-50

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) 12-7-50

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 11-24, 1950 *to* 12/7, 1950 *that I last saw the deceased alive on* 12/7, 1950 *and that death occurred at* 600 *a.m., from the causes and on the date stated above.*

23A. SIGNATURE: J. Sosnowski M. D.
23B. ADDRESS: St. Agnes Hosp
23C. DATE SIGNED: 12-12-50

24A. BURIAL, CREMATION, REMOVAL (Specify):
24B. DATE:
24C. NAME OF CEMETERY OR CREMATORY:
24D. LOCATION (City, town, or county) (State):

UNIVERSITY MEDICAL SCHOOL DEC 12 1950

DATE RECEIVED BY LOCAL REGISTRAR: DEC 12 1950
REGISTRAR'S SIGNATURE: Hunter for Williams, M.
25. FUNERAL DIRECTOR: Commissioner of Health
ADDRESS

VS 150

J. Sosnowski

94a

MARGIN RESERVED FOR BINDING

PLEASE WRITE [illegible]LY, WITH UNFADING INK. Every item of information should be [illegible]refully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and [illegible]ly.

D-430

50-10620

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 50-10620

BIRTH NO. 50-28345

1. NAME OF DECEASED (Type or Print): Baby Girl Dawalt.

2. DATE OF DEATH: 12/6/50

3. PLACE OF DEATH: A. Baltimore City, Maryland — Baltimore Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): South Baltimore General Hospital

C. Length of stay in Baltimore: Yrs. 43 Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 24-03
D. STREET ADDRESS (If rural, give location): 1203 William Street

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: 12/6/50
9. AGE (In years last birthday): If Under 1 Year: Months: Days: If Under 24 Hours: Hours: 7 Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Baltimore, Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Christopher Dawalt Jr.
14. MOTHER'S MAIDEN NAME: Esther Mae Stevens.

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: ADDRESS:

MEDICAL CERTIFICATION

CAUSE OF DEATH

18. I — 776X

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Prematurity

DUE TO

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C)

INTERVAL BETWEEN ONSET AND DEATH

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 6 (3:55 am), 1950, to Dec. 6 (10:15 am), 1950, that I last saw the deceased alive on Dec. 6, 1950, and that death occurred at 10:15 a.m., from the causes and on the date stated above.

23A. SIGNATURE: Severin T. Golczuch M. D.
23B. ADDRESS: So. Baltimore Gen. Hosp.
23C. DATE SIGNED: 12/8/50

24A. BURIAL, CREMATION, REMOVAL (Specify):
24B. DATE:
24C. NAME OF CEMETERY OR CREMATORY: UNIVERSITY MEDICAL SCHOOL DEC 11 1950
24D. LOCATION (City, town, or county) (State):

DATE RECEIVED BY LOCAL REGISTRAR: DEC 12 1950
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Commissioner of Health
ADDRESS:

VS 150

159

MARGIN RESERVED FOR BINDING

PLEASE WRITE [illegible]LY, WITH UNFADING INK. Every item of information should be [illegible] supplied. The correct age is especially important. Physicians: please write the causes of death clearly and [illegible]ibly.

H 530 50-10621

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50-10621

Registered No. X

1. NAME OF DECEASED (Type or Print): EFFIE HAND

2. DATE OF DEATH: DEC 12, 1950

3. PLACE OF DEATH:
A. State: Baltimore City, Maryland
B. County: Osh. 3
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): THE JOHNS HOPKINS HOSPITAL
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY: Cecil
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): NORTH EAST
D. STREET ADDRESS (If rural, give location): R.D. 1

5700

5. SEX: FEMALE
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED
8. DATE OF BIRTH: 2-8-87
9. AGE (In years last birthday): 63 — If Under 1 Year: Months / Days — If Under 24 Hours: Hours / Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Pa
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Peter Abrams
14. MOTHER'S MAIDEN NAME: Harriet Williamson
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown):
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: THE JOHNS HOPKINS HOSPITAL — ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Lymphosarcoma of liver — INTERVAL BETWEEN ONSET AND DEATH: 5 yrs

DUE TO spleen, lung & stomach

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C)

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Arteriosclerotic heart disease & failure, Myelophthisic Anemia

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 10-10-, 1950, *to* 12-12, 1950, *that I last saw the deceased alive on* 12-12, 1950, *and that death occurred at* 3 Am., *from the causes and on the date stated above.*

23A. SIGNATURE: Thomas J. Walsh M. D.
23B. ADDRESS: THE JOHNS HOPKINS HOSPITAL
23C. DATE SIGNED: 12-12-50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12-14-50
24C. NAME OF CEMETERY OR CREMATORY: Methodist
24D. LOCATION (City, town, or county) (State): North East Md

DATE RECEIVED BY LOCAL REGISTRAR: DEC 12 1950
REGISTRAR'S SIGNATURE: Carlton Williams, M.D.
25. FUNERAL DIRECTOR: Joseph R. Grant
ADDRESS: North East Md

VS 150

46 B

MARGIN RESERVED FOR BINDING

PLEASE WRITE ONLY, WITH UNFADING INK. Every item of information should be correctly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

H 412 Dr Rybsamek

Died 12-22 Conn.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. 50-10622

Registered No. 50-10622

1. NAME OF DECEASED (Type or Print): James (Wenceslaus) Hlavac

2. DATE OF DEATH: Dec. 11/50

3. PLACE OF DEATH:
A. Baltimore City, Maryland 913 N. Port St
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 00
C. Length of stay in Baltimore — Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 913 N. Port St

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Feb. 19, 1882
9. AGE (In years last birthday): 68
If Under 1 Year: Months Days
If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer, Foreman
10B. KIND OF BUSINESS OR INDUSTRY: Street Cleaning Sanitation Dept
11. BIRTHPLACE (State or foreign country): Czechoslovakia
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Matthew Hlavac
14. MOTHER'S MAIDEN NAME: Josephine Havlik

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Stephen J. Hlavac — ADDRESS: 905 N. Port St

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — 443X
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 12/5/50
DUE TO
(B) Hypertension Cardio-
DUE TO
(C) Vascular disease — Jan 1. 46

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: a
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 20, 1950, to Dec 11, 1950, that I last saw the deceased alive on Dec 11, 1950, and that death occurred at 12 22 m., from the causes and on the date stated above.

23A. SIGNATURE: William J. Rybsamek M. D.
23B. ADDRESS: 801 E. Lenwood St
23C. DATE SIGNED: 12/12/50

24A. BURIAL, CREMATION, REMOVAL (Specify): Buried
24B. DATE: Dec. 14/50
24C. NAME OF CEMETERY OR CREMATORY: Holy Redeemer
24D. LOCATION (City, town, or county) (State): Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR: DEC 12 1950
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Jerome Crach — ADDRESS: 937 900 N. Chester St

VS 150

9705G

MARGIN RESERVED FOR BINDING

PLEASE WRITE FIRMLY, WITH UNFADING INK. Every item of information should be preferably supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F652 50-10623 BABY BOY FRANZ X 50-10623

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

BIRTH NO. 50-27046

1. NAME OF DECEASED (Type or Print): Baby Boy Franz

2. DATE OF DEATH: 12-12-50

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Maryland Gen. Hosp.
C. Length of stay in Baltimore: 3 Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: Gen. Hosp.
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore #1
D. STREET ADDRESS (If rural, give location): 1319 Seiling ave

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): S.
8. DATE OF BIRTH: 12-9-50
9. AGE: 0 Years (last birthday); If Under 1 Year: Months; Days: 3; If Under 24 Hours: Hours; Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): —
10B. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: Chas. Albert Franz
14. MOTHER'S MAIDEN NAME: Theresa Kolaick
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): —
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: —
17. INFORMANT: Father — ADDRESS: 1319 Seiling Ave #6

MEDICAL CERTIFICATION

CAUSE OF DEATH

18. 754.4 I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Congenital Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: 3 days.
DUE TO
ANTECEDENT CAUSES
(B)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
DUE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12/9/50, 19__, *to* 12/12/50, 19__, *that I last saw the deceased alive on* 12/11, 1950, *and that death occurred at* 1245A m., *from the causes and on the date stated above.*

23A. SIGNATURE: D. MacPherson M. D.
23B. ADDRESS: Maryland Gen. Hosp.
23C. DATE SIGNED: 12/12/50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12/13/50
24C. NAME OF CEMETERY OR CREMATORY: Holy Redeemer Cemetery
24D. LOCATION (City, town, or county) (State): 4430 Belair Rd., Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR: DEC 13 1950
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Schimunek Funeral Home, Inc.
ADDRESS: 2601-3-5 E. Madison St.

VS 150

157E

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

120 50-10624
262

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 50-10624

BIRTH NO.

1. NAME OF DECEASED (Type or Print): DAVIS, FRANK (Kocourek)

2. DATE OF DEATH: 10 Dec. 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): CHURCH HOME and HOSPITAL Broadway
C. Length of stay in Baltimore: 45 Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: None.
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore (6) 27-05
D. STREET ADDRESS (If rural, give location): 6601 Alta Avenue

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married.
8. DATE OF BIRTH: 29 July 1886
9. AGE (In years last birthday): 64
If Under 1 Year: Months: Days
If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Radio Mechanic
10B. KIND OF BUSINESS OR INDUSTRY: Bendix Corp. Radio (M)
11. BIRTHPLACE (State or foreign country): Czechoslovakia
12. CITIZEN OF WHAT COUNTRY? United States

13. FATHER'S NAME: JOHN KOCOUREK
14. MOTHER'S MAIDEN NAME: Marie Sterl.

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.:
17. INFORMANT: Patient (Frank Davis) ADDRESS:

MEDICAL CERTIFICATION

18. 163X

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Pulmonary Embolus — 5 min.

DUE TO

(B) Squamous cell Carcinoma of Lung — Undetermined

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 22 November 1950
19B. MAJOR FINDINGS OF OPERATION: Squamous Cell Carcinoma Rt lung
20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify): None.
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.): None
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov. 19, 1950, *to* 10 Dec, 1950, *that I last saw the deceased alive on* 10 Dec, 1950, *and that death occurred at* 10:10 P m., *from the causes and on the date stated above.*

23A. SIGNATURE: Jerk Moor MD M. D.
23B. ADDRESS: Church Home + Hospital
23C. DATE SIGNED: 12-11-50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: Dec. 13, 1950
24C. NAME OF CEMETERY OR CREMATORY: Oak Hill Cemetery
24D. LOCATION (City, town, or county) (State): Horner's Lane, Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR: DEC 13 1950
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Schimunek Funeral Home, Inc.
ADDRESS: 2601-3-5 E. Madison St.

VS 150

5523M

47D

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

L-535 50-10625 LINDNER X 50-10625

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): John Lindner

2. DATE OF DEATH: December 11, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): THE JOHNS HOPKINS HOSPITAL
C. Length of stay in Baltimore: Yrs. 23 Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY: BALTIMORE
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ~~Baltimore~~ ESSEX
D. STREET ADDRESS (If rural, give location): 909 Renfrew (Renfrew) St. 5300

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 4-17-24
9. AGE (In years last birthday): 26
If Under 1 Year: Months: Days
If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mailman
10B. KIND OF BUSINESS OR INDUSTRY: U. S. A.
11. BIRTHPLACE (State or foreign country): Baltimore
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John Lindner
14. MOTHER'S MAIDEN NAME: Josephine Wise

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: THE JOHNS HOPKINS HOSPITAL
ADDRESS

MEDICAL CERTIFICATION

18. 260X

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

(A) UREMIA DUE TO INTER-CAPILLARY GLOMERULO-SCLEROSIS — 4 MOS.

DUE TO

(B) DIABETES MELLITUS — 15 YRS.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 2
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 11-7, 1950, *to* 12-11, 1950, *that I last saw the deceased alive on* 12-11, 1950, *and that death occurred at* 5:15 P *m., from the causes and on the date stated above.*

23A. SIGNATURE: Joseph Stokes III M. D.
23B. ADDRESS: THE JOHNS HOPKINS HOSPITAL
23C. DATE SIGNED: 12-12-50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12/15/50
24C. NAME OF CEMETERY OR CREMATORY: Sacred Heart
24D. LOCATION (City, town, or county) (State): German Hill Rd. Md.

DATE RECEIVED BY LOCAL REGISTRAR: DEC 13 1950
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: John A. Connelly
ADDRESS: Essex 21, Md.

VS 150

335 90 61

MARGIN RESERVED FOR BINDING

PLEASE WRITE HEAVILY, WITH UNFADING INK. Every item of information should be [illegible] supplied. The correct age is especially important. Physicians: please write the causes of death clearly and [illegible]bly.

3620 50-10626

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 50-10626

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. NAME OF DECEASED (Type or Print): JAMES W. Brooks

2. DATE OF DEATH: 12-10-50

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Lutheran Hosp. of Md
C. Length of stay in Baltimore: 40 yrs (Yrs. Mos. Days: 46)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 505 Lynhurst St 20-07

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Aug. 9, ~~1900~~ 1900
9. AGE (In years last birthday): 50
If Under 1 Year: Months: Days: If Under 24 Hours: Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Storeroom Clerk
10B. KIND OF BUSINESS OR INDUSTRY: Hotel
11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: -------Brooks
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown):
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 216 03 3661
17. INFORMANT: Mrs. Maude B. Brooks, ADDRESS: 505 Lyndhurst St

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Acute Posterior Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: 10 hrs?

DUE TO

ANTECEDENT CAUSES

(B) Arteriosclerotic C.V. Disease

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 12-10-50, 19__, *to* 12-10-50, 19__, *that I last saw the deceased alive on* ____, 19__, *and that death occurred at* 520 P *m., from the causes and on the date stated above.*

23A. SIGNATURE: Harold L. Daly Jr. M. D.
23B. ADDRESS: Lutheran Hosp. of Maryland
23C. DATE SIGNED: 12-10-50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12/13/50
24C. NAME OF CEMETERY OR CREMATORY: Loudon Park, 3801 Frederick Rd.
24D. LOCATION (City, town, or county) (State): Balto. 29, Md.

DATE RECEIVED BY LOCAL REGISTRAR: DEC 13 1950
REGISTRAR'S SIGNATURE:
25. FUNERAL DIRECTOR: Harry H. Leitzke
ADDRESS: 4101 Edmondson Ave

VS 150

39088 93D

MARGIN RESERVED FOR BINDING

PLEASE WRITE [illegible]LY, WITH UNFADING INK. Every item of information should be [illegible] supplied. The correct age is especially important. Physicians: please write the causes of death clearly and [illegible]bly.

S 160 50-10627

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50-10627

Registered No.

1. NAME OF DECEASED (Type or Print): Dora K. Schaefer

2. DATE OF DEATH: 12/11/50

3. PLACE OF DEATH: A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 136 S. Collins Ave.

C. Length of stay in Baltimore: Life (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Md.

B. COUNTY:

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 20-08

D. STREET ADDRESS (If rural, give location): 136 S. Collins Ave.

5. SEX: Female

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widow

8. DATE OF BIRTH: May 20, 1874

9. AGE (In years last birthday): 76

If Under 1 Year: Months: Days

If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Balto. Md.

12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Rehling

14. MOTHER'S MAIDEN NAME: Christine---

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: Mrs. Dorathea Welk, ADDRESS: 136 S. Collins Ave

MEDICAL CERTIFICATION

18. 44 X I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

(A) Intracranial Hemorrhage — 3 days

DUE TO

(B) Cardiovascular Renal — ?

DUE TO

(C) Disease (Hypertensive)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Jan, 1948 *to* Dec 11, 1950, *that I last saw the deceased alive on* 12/10, 1950 *and that death occurred at* 1:00 A. m., *from the causes and on the date stated above.*

23A. SIGNATURE: Theodore H. Schmitter M. D.

23B. ADDRESS: 4209 Fred. Ave

23C. DATE SIGNED: 12/12/50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial

24B. DATE: 12/13/50

24C. NAME OF CEMETERY OR CREMATORY: Western, Edmondson Ave. & Longwood Sts.

24D. LOCATION (City, town, or county) (State): Balto. Md

DATE RECEIVED BY LOCAL REGISTRAR: DEC 13 1950

REGISTRAR'S SIGNATURE: Registrar of Vital Records, Md.

25. FUNERAL DIRECTOR: Harry A. Kirkpatrick

ADDRESS: 4101 Edmondson Ave.

VS 150

131a

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

L340 50-10628

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 50-10628

1. NAME OF DECEASED (Type or Print): Francis W. Little

2. DATE OF DEATH: Dec. 12, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Ardleigh Nursing Home 2075 Rockrose Ave.
C. Length of stay in Baltimore: Life (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 11-02
D. STREET ADDRESS (If rural, give location): Mt. Royal Apt. Calvert & Mt. Royal

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): W
8. DATE OF BIRTH: Oct. 19, 1863
9. AGE (In years last birthday): 87 — If Under 1 Year: Months: Days: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired (C.P.A)
10B. KIND OF BUSINESS OR INDUSTRY: Feral Yeast
11. BIRTHPLACE (State or foreign country): York, PA
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): NO
(If yes, give war or dates of service): NO
16. SOCIAL SECURITY NO.: 218.07.7909
17. INFORMANT: Meriam Smith ADDRESS: 4109 Roland Ave.

MEDICAL CERTIFICATION

18. E903.7

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Progressive cerebral ischemia — 2-3 years

DUE TO

ANTECEDENT CAUSES

(B) Generalized arteriosclerotic cardiovascular disease — 10 years

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Fracture Surgical neck left clavicle — 13 days

CERTIFICATION APPROVED BY
Stanley K. Dunlevy M. D.
CHIEF OR ASST. MEDICAL EXAMINER

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.): Nursing home
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): 2205 Rockrose Rd - Balto 11 Md
21D. TIME OF INJURY (Month) (Day) (Year) (Hour): Dec 28 1950 9 A.m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR? Slipped on waxed floor Fell in room nursing home

22. *I hereby certify that I attended the deceased from* 11/29, 1950, *to* 12-12, 1950 *that I last saw the deceased alive on* 12-11, 1950, *and that death occurred at* 3 12 *m., from the causes and on the date stated above.*

23A. SIGNATURE: Albert L. Mace M. D.
23B. ADDRESS: 2934 N. Calvert St - Balto
23C. DATE SIGNED: 12-12-50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12/14/50
24C. NAME OF CEMETERY OR CREMATORY: Loudon Park
24D. LOCATION (City, town, or county) (State): Baltimore

DATE RECEIVED BY LOCAL REGISTRAR: DEC 13 1950
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: John T. Stansbury ADDRESS: 2700 Edmondson Av.

VS 150

N-810.0

186a

50-10629 S1-1700 50-10629

BIRTH NO. W320 50-27059

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

1. NAME OF DECEASED (Type or Print): Baby Boy Watts

2. DATE OF DEATH: 12/12/50

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Agnes Hospital
C. Length of stay in Baltimore — Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A. STATE: Md.
B. COUNTY: Balto
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Woodlawn Baltimore
D. STREET ADDRESS (If rural, give location): Box 217 Rolling Road

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify):
8. DATE OF BIRTH: 12/10/50
9. AGE (In years last birthday): If Under 1 Year: Months: Days: 1 If Under 24 Hours: Hours: Min. 8

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Raymond Watts
14. MOTHER'S MAIDEN NAME: Evelyn Slauter

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown):
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Raymond E. Watts ADDRESS: Woodlawn Box 217 Rolling Road

MEDICAL CERTIFICATION

18. 761.5

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Atelectasis ~~Coronary thrombosis~~

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) prematurity

DUE TO

(C) placental separation

INTERVAL BETWEEN ONSET AND DEATH: 11-4-50 to 12-7-50

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12-10 *, 1950, to* 12-12 *, 1950, that I last saw the deceased alive on* 12-12 *, 1950, and that death occurred at* 4:30 *m., from the causes and on the date stated above.*

23A. SIGNATURE: John J. Maher M. D.
23B. ADDRESS: St. Agnes Hosp.
23C. DATE SIGNED: 12/12/50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: Dec 13/1950
24C. NAME OF CEMETERY OR CREMATORY: Woodlawn
24D. LOCATION (City, town, or county) (State): Woodlawn Md

DATE RECEIVED BY LOCAL REGISTRAR: DEC 13 1950
REGISTRAR'S SIGNATURE: Martin for Williams M.D.
25. FUNERAL DIRECTOR: Harry R. Armacost
ADDRESS: 4204 Gidgewood Av

VS 150

160c

MARGIN RESERVED FOR BINDING

PLEASE WRITE ONLY, WITH UNFADING INK. Every item of information should be answered or "unknown" if not supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

50-10630

B 420 50-16980

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50-10630

Registered No.

1. NAME OF DECEASED (Type or Print): JOSEPH A BIALEK Jr.

2. DATE OF DEATH: December 12, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2517 Foster Avenue
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 2517 Foster Avenue 1-03

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify):
8. DATE OF BIRTH: Aug 14-1950
9. AGE (In years last birthday): If Under 1 Year: Months 3 Days 28; If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10B. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Balto. Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Joseph A. Bialek
14. MOTHER'S MAIDEN NAME: Irene Schaefer

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Joseph A. Bialek ADDRESS: 2517 Foster Ave

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Acute bronchitis

DUE TO with

ANTECEDENT CAUSES

(B) Aspiration of gastric contents

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☒ NO ☐

21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* autopsy (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☒, *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

23A. SIGNATURE: Stanley K. Durlacher M.D.
23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR ☐
23C. DATE SIGNED: Dec. 12, 1950

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: Dec. 14-50
24C. NAME OF CEMETERY OR CREMATORY: Holy Rosary
24D. LOCATION (City, town, or county) (State): Balto. Co. Md.

DATE RECEIVED BY LOCAL REGISTRAR: DEC 13 1950
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Wm. S. Fialkowski ADDRESS: 2007 Eastern Ave

VS 151

106a

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Dr. Fales checked with Dr. Fisher

give to Acute bronchitis, statistically

12/14/50 ES

50-10631

M 600
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50-10631
Registered No.

1. NAME OF DECEASED (Type or Print): Mr. Frank Oldfather Moore
2. DATE OF DEATH: 12-11-50

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): LEVINDALE. BELVEDERE & GREENSPRING AVE
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Balto.
D. STREET ADDRESS (If rural, give location): 700 E. Chase st

5. SEX: M
6. COLOR OR RACE: W
7. ~~SINGLE~~, MARRIED, ~~WIDOWED, DIVORCED (Specify)~~: Married
8. DATE OF BIRTH: 9/29/1885
9. AGE (In years last birthday): 65
If Under 1 Year: Months: Days
If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): STEEL WORKER & CHAUFFEUR
10B. KIND OF BUSINESS OR INDUSTRY: Levindale Home
11. BIRTHPLACE (State or foreign country): Wichita Kansas
12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: (Unknown) Moore
14. MOTHER'S MAIDEN NAME: (Unknown) OLDFATHER

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Betty Moore
ADDRESS: 700 E. Chase st.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Acute coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 15 min.
DUE TO
(B)
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12-11- *, 1950, to* 12-11 *, 1950, that I last saw the deceased alive on* 12-11- *, 1950, and that death occurred at* 10¹⁵ *a.m., from the causes and on the date stated above.*

23A. SIGNATURE: Jerome J. Blumberg M. D.
23B. ADDRESS: Levindale Home
23C. DATE SIGNED: 12-11-50

24A. BURIAL, ~~CREMATION, REMOVAL (Specify)~~: Burial
24B. DATE: 12/15/50
24C. NAME OF CEMETERY ~~OR CREMATORY~~: Mt. Olivet
24D. LOCATION (City, town, or county) (State): Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR: DEC 13 1950
REGISTRAR'S SIGNATURE: [illegible]
25. FUNERAL DIRECTOR: Wm. Cook Inc.
ADDRESS: 1217 St. Paul st

VS 150

682 8W

94a

MARGIN RESERVED FOR BINDING

PLEASE WRITE IN [illegible]Y, WITH UNFADING INK. Every item of information should be [illegible]efully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and [illegible]ably.

50-10632

B 200 50-24680

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 50-10632

1. NAME OF DECEASED (Type or Print): DEBORAH E. BASH

2. DATE OF DEATH: December 12, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 825 N. Eutaw Place
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 825 N. Eutaw Place 11-03

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): single
8. DATE OF BIRTH: Nov. 16, 1950
9. AGE (In years last birthday): If Under 1 Year: Months: Days: 26; If Under 24 Hours: Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): --
10B. KIND OF BUSINESS OR INDUSTRY: --
11. BIRTHPLACE (State or foreign country): Baltimore, Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Nathan Bash
14. MOTHER'S MAIDEN NAME: Jean Polly

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): --
(If yes, give war or dates of service): ---
16. SOCIAL SECURITY NO.: ---
17. INFORMANT: Nathan Bash, ADDRESS: 825, N. Eutaw Street

MEDICAL CERTIFICATION

CAUSE OF DEATH

18. 763.0

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Bronchopneumonia

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21A. EXTERNAL CAUSE WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH.
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* Autopsy (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from:* natural causes [X], *accident* [ ], *suicide* [ ], *homicide* [ ], *undetermined* [ ].

23A. SIGNATURE: Stanley R. Dunlaskin M.D.
23B. CHIEF MEDICAL EXAMINER [ ] ASSISTANT MEDICAL EXAMINER [X] MEDICAL INVESTIGATOR [ ]
23C. DATE SIGNED: 12-12-50

24A. BURIAL, CREMATION, REMOVAL (Specify): burial
24B. DATE: 12/14/50
24C. NAME OF CEMETERY OR CREMATORY: Prospect Hill Cemetery
24D. LOCATION (City, town, or county) (State): Towson, Maryland

DATE RECEIVED BY LOCAL REGISTRAR: DEC 13 1950
REGISTRAR'S SIGNATURE: [illegible]
25. FUNERAL DIRECTOR: Wm Cook Inc. ADDRESS: 1217 St. Paul Street

VS 151

107

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 460
S 530
J 520

50-10633

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50-10633

Registered No.

1. NAME OF DECEASED (Type or Print): LILLIAN FOWLER (SMITH) JONES

2. DATE OF DEATH: 12/10/50

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1510 Harlem Ave
C. Length of stay in Baltimore (Yrs. Mos. Days): Life

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 16-02
D. STREET ADDRESS (If rural, give location): 1510 H arlem Ave

5. SEX: F
6. COLOR OR RACE: C
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: 2/22/1902
9. AGE (In years last birthday): 48 — If Under 1 Year: Months, Days — If Under 24 Hours: Hours, Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife
10B. KIND OF BUSINESS OR INDUSTRY: Domestic
11. BIRTHPLACE (State or foreign country): Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: HARRY FOWLER
14. MOTHER'S MAIDEN NAME: ADELL HALL
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No — (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Elsie Roberts (S) — ADDRESS: 1510 Harlem Ave

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

331X

(A) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 1 week

DUE TO

(B) Hypertension

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12/3/, 1950 *to* 12/10/, 1950 *that I last saw the deceased alive on* 12/10/, 1950, *and that death occurred at* 1:00 p.m., *from the causes and on the date stated above.*

23A. SIGNATURE: Walter S. Taylor M. D.
23B. ADDRESS: 6108 Rich Ave.
23C. DATE SIGNED: 12/12/50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12/13/50
24C. NAME OF CEMETERY OR CREMATORY: Baltimore, National
24D. LOCATION (City, town, or county) (State): Balto. Md

DATE RECEIVED BY LOCAL REGISTRAR: DEC 13 1950
REGISTRAR'S SIGNATURE: Martin for Williams, Md.
25. FUNERAL DIRECTOR: Chas. Harper
ADDRESS: 512 N Carrollton Ave

VS 150

7208A

83a

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M-250
50-10634

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 50-10634

BIRTH NO.

1. NAME OF DECEASED (Type or Print): James G. McCann

2. DATE OF DEATH: 12/12/50

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 216 E. Chase Street
C. Length of stay in Baltimore: 60 Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 216 E. Chase Street

11-01

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 1/30/62
9. AGE (In years last birthday): 88
If Under 1 Year: Months: Days
If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Conductor
10B. KIND OF BUSINESS OR INDUSTRY: Penn. Railroad
11. BIRTHPLACE (State or foreign country): Pleasantville, Harford Co.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Ephriam McCann
14. MOTHER'S MAIDEN NAME: Mary Ann Ayers

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Mary Sloan McCann
ADDRESS: 216 E. Chase Street

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

59 x X

(A) Bronchial Pneumonia — 2d.
DUE TO
(B) Uremia — 8d.
DUE TO
(C) Chronic Interstitial nephritis — 1yr

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: None
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 7, 1950, to Dec 12, 1950, that I last saw the deceased alive on Dec 11, 1950, and that death occurred at 1 a. m., from the causes and on the date stated above.

23A. SIGNATURE: Thomas F.A. Stearns M. D.
23B. ADDRESS: 2878 Harford Rd
23C. DATE SIGNED: 12-13-50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12/15/50
24C. NAME OF CEMETERY ~~OR CREMATORY~~: New Cathedral
24D. LOCATION (City, town, or county) (State): Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR: DEC 13 1950
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: W. W. Meeks and Son
ADDRESS: 805 N. Calvert St.

VS 150

1310

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

50-10635

S 558

50-10635

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

1. NAME OF DECEASED (Type or Print): OTTO G. SCHUMANN

2. DATE OF DEATH: Dec. 9, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1907 E. Lanvale Street
C. Length of stay in Baltimore: Life (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore S-0 S
D. STREET ADDRESS (If rural, give location): 1934 N. Washington Street

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: July 15, 1869
9. AGE (In years last birthday): 81 — If Under 1 Year: Months: Days — If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Pharmacist
10B. KIND OF BUSINESS OR INDUSTRY: Drug Store
11. BIRTHPLACE (State or foreign country): Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Otto Wm. Schumann
14. MOTHER'S MAIDEN NAME: Sophie Bussmann

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT (Address): 1934 N. Washington Street
Mrs. Minnie L. Schumann

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cardiac Dilatation — 1 Day

DUE TO

(B) Cardio Vascular Renal Disease — 3 yrs.

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 16, 1950, *to* December 10, 1950, *that I last saw the deceased alive on* December 9, 1950, *and that death occurred at* 3:30 P *m., from the causes and on the date stated above.*

23A. SIGNATURE: Albert Eisenberg M. D.
23B. ADDRESS: 2025 East North Ave
23C. DATE SIGNED: December 11, 1950

24A. BURIAL, CREMATION, REMOVAL (Specify): burial
24B. DATE: 12/13/50
24C. NAME OF CEMETERY OR CREMATORY: Loudon Park Cemetery
24D. LOCATION (City, town, or county) (State): Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR: DEC 13 1950
REGISTRAR'S SIGNATURE: [illegible]
25. FUNERAL DIRECTOR: HENRY SANDER & SONS, INC. BALTO., MD.
ADDRESS: Henry F. Sander

VS 150

131a

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 5250-10636

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 50-10636

1. NAME OF DECEASED (Type or Print): FREDERICK HERMAN FINK

2. DATE OF DEATH: December 11, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Lutheran Hospital
c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: Baltimore
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore Woodlawn
D. STREET ADDRESS (If rural, give location): 6706 Windsor Mill Road

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Aug. 29, 1894
9. AGE (In years last birthday): 56
If Under 1 Year: Months: Days
If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): claim clerk
10B. KIND OF BUSINESS OR INDUSTRY: Montgomery Wards DEPT. STORE
11. BIRTHPLACE (State or foreign country): Baltimore, Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: William Fink
14. MOTHER'S MAIDEN NAME: Elizabeth Schniker

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Mrs. Cecelia Fink
ADDRESS: 6706 Windsore Mill Rd.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) 420.1

(A) Coronary artery sclerosis

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* Inquiry & Inspection (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☒, *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

23A. SIGNATURE: Stanley K. Dougherty M.D.
23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR ☐
23C. DATE SIGNED: Dec. 12, 1950

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: Dec 15 1950
24C. NAME OF CEMETERY OR CREMATORY: Meadow Ridge Mem
24D. LOCATION (City, town, or county) (State): Meadow Ridge Howard Co Md

DATE RECEIVED BY LOCAL REGISTRAR: DEC 13 1950
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Wm. Ellis Cannon
ADDRESS: 4510 Liberty Heights Ave

VS 151

3906C

94a

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

A325 50-10637

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50-10637
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): ADKINS, Bert L.

2. DATE OF DEATH: 12-11-50

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): U. of Md. Hosp
C. Length of stay in Baltimore: 33 yrs (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY: Balto City
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Balto - 1 18-03
D. STREET ADDRESS (If rural, give location): 38 S. Parkin St

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: 4/12/1913
9. AGE (In years last birthday): 37 — If Under 1 Year: Months: Days; If Under 24 Hours: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): cook
10B. KIND OF BUSINESS OR INDUSTRY: restaurant
11. BIRTHPLACE (State or foreign country): Md Cambridge
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Archinald Adkins
14. MOTHER'S MAIDEN NAME: Grace Corbett
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: patient — ADDRESS: 38 S. Parkin St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral Embolus — INTERVAL BETWEEN ONSET AND DEATH

DUE TO

ANTECEDENT CAUSES

(B) Auricular Fibrillation

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C) Rheumatic H.D. Disease (inactive) — 10 yrs? (over)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 9-16-50
19B. MAJOR FINDINGS OF OPERATION: mitral stenosis — commissurotomy
20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 1, 1950 to Oct. 11, 1950, that I last saw the deceased ~~alive~~ on 12-11, 1950, and that death occurred at 10 30 m., from the causes and on the date stated above.

23A. SIGNATURE: Wm. Carl Teeling M. D.
23B. ADDRESS: University Hosp.
23C. DATE SIGNED: 12-12-50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12/14/50
24C. NAME OF CEMETERY OR CREMATORY: New Cathedral Cem.
24D. LOCATION (City, town, or county) (State): 4300 Old Frederick Rd.

DATE RECEIVED BY LOCAL REGISTRAR: DEC 13 1950
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: John J. Gowan & Son
ADDRESS: 2 Hollins St.

VS 150

754 GM

92 B St.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be furnished if supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

Was the RH condition accompanied by actual rheumatic fever at the time of death?

Or — — condition, guessed — a chronic condition?

"Inactive"
See Document File 5D- 10637
ES

K-520

50-10638

50-10638

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Sarah Louisa Proche

2. DATE OF DEATH: Dec. 11, 1950

3. PLACE OF DEATH: A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 3021 Kentucky Ave.

C. Length of stay in Baltimore: Yrs. ---- Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 26-03
D. STREET ADDRESS (If rural, give location): 3021 Kentucky Ave.

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: June 24, 1882
9. AGE (In years last birthday): 68
If Under 1 Year: Months: Days
If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife-
10B. KIND OF BUSINESS OR INDUSTRY: ----------
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: William Flowers
14. MOTHER'S MAIDEN NAME: Margaret Mowbray

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): --
(If yes, give war or dates of service): ------
16. SOCIAL SECURITY NO.: ----
17. INFORMANT: Mary E. Meyers
ADDRESS: 3021 Kentucky Ave

MEDICAL CERTIFICATION

18. 443X

CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Hypertensive Cardio-Vascular Disease — INTERVAL BETWEEN ONSET AND DEATH: 2 yrs.

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Hypertheyroidism, Long duration.

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Mar. *, 19*48 *to* Dec 11 *, 19*50*, that I last saw the deceased alive on* Dec 11 *, 19*50 *and that death occurred at* 11:45 P.M. *, from the causes and on the date stated above.*

23A. SIGNATURE: C. R. Stevens M. D.
23B. ADDRESS: 3400 Eudowood Ave
23C. DATE SIGNED: 12/13/50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12/15/50
24C. NAME OF CEMETERY OR CREMATORY: Fork Methodist Cem.
24D. LOCATION (City, town, or county) (State): Fork Md.

DATE RECEIVED BY LOCAL REGISTRAR: DEC 13 1950
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: John A Moran
ADDRESS: 3000 E. Baltimore St.

VS 150

186L

632

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

0-240 50-10639

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50-10639

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Isabel G. Ogle

2. DATE OF DEATH: Dec. 12, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2217 Gough St.
C. Length of stay in Baltimore (Yrs. Mos. Days): Life

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 1-05
D. STREET ADDRESS (If rural, give location): 2217 Gough St.

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Dec. 8, 1875
9. AGE (In years last birthday): 75 — If Under 1 Year: Months / Days — If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Cleaning
10B. KIND OF BUSINESS OR INDUSTRY: Office Building
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Antone Miller
14. MOTHER'S MAIDEN NAME: Josephine Zinkand

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): ----
(If yes, give war or dates of service): -----
16. SOCIAL SECURITY NO.: ----
17. INFORMANT: Madeleine Ogle — ADDRESS: 2217 Gough st.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

450.0

(A) Senility

DUE TO

(B) Arteriosclerosis — years -

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept. 23, 1950, *to* Dec. 12, 1950, *that I last saw the deceased alive on* Dec. 12, 1950, *and that death occurred at* 8 a. m., *from the causes and on the date stated above.*

23A. SIGNATURE: Sigmund R. Nowak M. D.
23B. ADDRESS: 408 S. Patterson Park Ave.
23C. DATE SIGNED: 12-13-50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12/15/50
24C. NAME OF CEMETERY OR CREMATORY: Holy Redeemer Cem.
24D. LOCATION (City, town, or county) (State): Baltimore Md.

DATE RECEIVED BY LOCAL REGISTRAR: DEC 13 1950
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: John A. Moran
ADDRESS: 3000 E. Baltimore St.

VS 150

97

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

R-252

50-10640

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50-10640

Registered No.

BIRTH NO. 50-26721

1. NAME OF DECEASED (Type or Print): Baby Boy Rackensperger

2. DATE OF DEATH: Dec. 11, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sinai Hospital
C. Length of stay in Baltimore: 1 hour. (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 9-06
D. STREET ADDRESS (If rural, give location): 2866 Harford Rd. # 18

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): S
8. DATE OF BIRTH: Dec. 11, 1950
9. AGE (In years last birthday): If Under 1 Year: Months: Days: If Under 24 Hours: Hours: 1 Min.:
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Sinai Hospital
12. CITIZEN OF WHAT COUNTRY?:
13. FATHER'S NAME: Richard Joseph Rackensperger
14. MOTHER'S MAIDEN NAME: Lorraine Alma Rolland
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown):
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Mother. ADDRESS: 2866 Harford Rd. # 18

MEDICAL CERTIFICATION

18. 776 X

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

(A) Prematurity — 1 hr

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 12/11, 1950, *to* 12/11, 1950 *that I last saw the deceased alive on* 12/11, 1950, *and that death occurred at* 9:00 *p.m., from the causes and on the date stated above.*

23A. SIGNATURE: [illegible] M. D.
23B. ADDRESS: 615 Med Arts Bldg
23C. DATE SIGNED: 12/12/50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12/13/50
24C. NAME OF CEMETERY OR CREMATORY: New Cathedral Cem.
24D. LOCATION (City, town, or county) (State): Baltimore Md.

DATE RECEIVED BY LOCAL REGISTRAR: DEC 13 1950
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: John A. Moran
ADDRESS: 3000 E. Baltimore St.

VS 150

159

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be furnished if supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

D530 50-10641

50-10641

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): ROSE E. DANDY

2. DATE OF DEATH: Dec. 10, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Methodist Home for the Aged 2211 W. Rogers Ave.
70
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 27-15
D. STREET ADDRESS (If rural, give location): 2211 W. Rogers Ave.

5. SEX: female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: June 9, 1866
9. AGE (in years last birthday): 84
If Under 1 Year: Months: Days
If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Michael Sweetman
14. MOTHER'S MAIDEN NAME: Rebecca A. Williams

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): no
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: no
17. INFORMANT: Miss Miriam O. Coates
ADDRESS: 2211 W. Rogers Av.

MEDICAL CERTIFICATION

18. 331X I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral Cerebrovascular Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 12 hours

DUE TO

(B) Arterio sclerosis — 20 yrs.

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov 20, 1950, *to* Dec 10, 1950, *that I last saw the deceased alive on* Dec 10, 1950, *and that death occurred at* 3-15P *m., from the causes and on the date stated above.*

23A. SIGNATURE: Arthur J Davies M. D.
23B. ADDRESS: 800 N 33rd St
23C. DATE SIGNED: 12-11-50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12/13/50
24C. NAME OF CEMETERY OR CREMATORY: Loudon Park Cem.
24D. LOCATION (City, town, or county) (State): Balto., Md.

DATE RECEIVED BY LOCAL REGISTRAR: DEC 13 1950
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Wm. J. Nickner & Sons
ADDRESS: Balto Md

83a

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be furnished if supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

W-560

50-10642

50-10642

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): GEORGE WEINER

2. DATE OF DEATH: Dec. 11, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2114 E. Federal St.
C. Length of stay in Baltimore (Yrs. Mos. Days):

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 8-02
D. STREET ADDRESS (If rural, give location): 2114 E. Federal St.

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: April 26, 1881
9. AGE (In years last birthday): 69 — If Under 1 Year: Months / Days — If Under 24 Hours: Hours / Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Car Repairman (rtd)
10B. KIND OF BUSINESS OR INDUSTRY: Railroad
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: George Weiner
14. MOTHER'S MAIDEN NAME: Frances Witte
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): no (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: no
17. INFORMANT: Mr. Francis W. Weiner — ADDRESS: 3535 Juneway

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

481X

(A) Influenza and Cardiac Dilatation — INTERVAL BETWEEN ONSET AND DEATH: 2 days

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Myocardial Insufficiency — 2 years

DUE TO

(C)

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* February, 1948, *to* Dec 11, 1950, *that I last saw the deceased alive on* December 10, 1950, *and that death occurred at* 355A *m., from the causes and on the date stated above.*

23A. SIGNATURE: Albert Eisenberg, M. D.
23B. ADDRESS: 2025 East North Ave
23C. DATE SIGNED: Dec 12, 1950

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12/14/50
24C. NAME OF CEMETERY OR CREMATORY: Parkwood Cem.
24D. LOCATION (City, town, or county) (State): Balto., Md.

DATE RECEIVED BY LOCAL REGISTRAR: DEC 13 1950
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Wm. J. Tickner & Sons
ADDRESS: Balto. Md.

VS 150

55350

33B

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given if supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

E-524

50-10643

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 50-10643

BIRTH NO.

1. NAME OF DECEASED (Type or Print): SAMUEL M. ENGLEMAN

2. DATE OF DEATH: December 12, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Maryland General Hospital
c. Length of stay in Baltimore (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 11-03
D. STREET ADDRESS (If rural, give location): 216 W. Madison St.

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: Oct. 19, 1885
9. AGE (In years last birthday): 65
If Under 1 Year: Months / Days
If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Barber
10B. KIND OF BUSINESS OR INDUSTRY: Trust Co.
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: ? Engleman
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): -no
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.

17. INFORMANT: Mr. Vernon M. Engleman
ADDRESS: 1531 Argonne Dr.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) 420.1

(A) Coronary artery occlusion

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* Inquiry & Inspection (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☒, *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

23A. SIGNATURE: Stanley R. Durlacher M.D.
23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR ☐
23C. DATE SIGNED: Dec. 12, 1950

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12/15/50
24C. NAME OF CEMETERY OR CREMATORY: Westminister Cem.
24D. LOCATION (City, town, or county) (State): Westminister, Md,

DATE RECEIVED BY LOCAL REGISTRAR: DEC 13 1950
REGISTRAR'S SIGNATURE: [illegible] Baltimore, Md.
25. FUNERAL DIRECTOR: W. M. J. Tickens & Sons
ADDRESS: Balto

VS 151

74071

94a

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be furnished. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

LC 143806

M. 432

50-10644

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50-10644

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Helen Meltzer

2. DATE OF DEATH: 12-11-50

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Baltimore City Hospitals 4940 Eastern Avenue

C. Length of stay in Baltimore: Never (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: New York
B. COUNTY: V-29
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): New York
D. STREET ADDRESS (If rural, give location): 161 W. 86th St. New York, 24, New York

5. SEX: female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Divorced

8. DATE OF BIRTH: Nov 12, 1900

9. AGE (In years last birthday): 50 — If Under 1 Year: Months: Days — If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSE WIFE

10B. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): New York

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Eugene Stern

14. MOTHER'S MAIDEN NAME: Dora Kohn

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): —
(If yes, give war or dates of service): —

16. SOCIAL SECURITY NO.: —

17. INFORMANT: Baltimore City Hospitals Records — ADDRESS: 4940 Eastern Avenue

MEDICAL CERTIFICATION

CAUSE OF DEATH

18. 0800

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Bulbar & Spinal Paralytic Polio — INTERVAL BETWEEN ONSET AND DEATH: 14 days

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Perforated Duodeuel Ulcers — Duration unknown

19A. DATE OF OPERATION: 11-29-50

19B. MAJOR FINDINGS OF OPERATION: Tracheotomy---- Respiratory Obstruction

20. AUTOPSY? YES ☐ Yes ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 11-29-- 1950, *to* 12-11 1950, *that I last saw the deceased alive on* 12-11 1950, *and that death occurred at* 3:00PM *m., from the causes and on the date stated above.*

23A. SIGNATURE: J. B. Rogers M. D.

23B. ADDRESS: 4940 Eastern Avenue

23C. DATE SIGNED: 12-12-50

24A. ~~BURIAL~~, CREMATION, ~~REMOVAL (Specify)~~: CREMATION

24B. DATE: 12/13/50

24C. NAME OF ~~CEMETERY OR~~ CREMATORY: GREENMOUNT CREMATORY

24D. LOCATION (City, town, or county) (State): BALTO. Md.

DATE RECEIVED BY LOCAL REGISTRAR: DEC 13 1950

REGISTRAR'S SIGNATURE: Remington Williams, M.D.

25. FUNERAL DIRECTOR: Walter Brooks Bradley — ADDRESS: Dundalk, Md.

VS 150

36

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be [illegible] supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F-525

50-10645

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 50-10645

BIRTH NO.

1. NAME OF DECEASED (Type or Print): A JAMES FINNEGAN

2. DATE OF DEATH: December 11, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Union Memorial Hospital
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 27-34
D. STREET ADDRESS (If rural, give location): 4005 Hamilton Avenue

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify):
8. DATE OF BIRTH: Oct. 13 1890
9. AGE (In years last birthday): 60 — If Under 1 Year: Months: Days — If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10B. KIND OF BUSINESS OR INDUSTRY: Bals City
11. BIRTHPLACE (State or foreign country): Baltimore Md.
12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Laurence V. Finnegan
14. MOTHER'S MAIDEN NAME: Susie E. Ward

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Mrs. Bessie Reese ADDRESS: 4005 Hamilton

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Acute alcoholism

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* Inquiry & Inspection (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☒ *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

23A. SIGNATURE: Stanley H. Duncanson M.D.
23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR ☐
23C. DATE SIGNED: Dec. 12, 1950

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12/14/50
24C. NAME OF CEMETERY OR CREMATORY: New Cathedral
24D. LOCATION (City, town, or county) (State): Balto Md

DATE RECEIVED BY LOCAL REGISTRAR: DEC 13 1950
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: L. J. Luck
ADDRESS: 5305 Harford Rd

VS 151

97093

77c

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

B-424
50-10646

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50-10646
Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be [illegible] supplied. The correct age is especially important. Physicians: please write the causes of death clearly and [illegible]ly.

1. NAME OF DECEASED (Type or Print): Sadie [illegible] Blackwell

2. DATE OF DEATH: 12/9/1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland Balto. City
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1402 West Lanvale Street
C. Length of stay in Baltimore: Life (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore City
D. STREET ADDRESS (If rural, give location): 1402 West Lanvale Street

16-02

5. SEX: Female
6. COLOR OR RACE: Col.
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 8/25/1886
9. AGE (In years last birthday): 64 — If Under 1 Year: Months, Days — If Under 24 Hours: Hours, Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: At Home
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Joseph Jiles
14. MOTHER'S MAIDEN NAME: Anna ?
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Lillie Murchinson — ADDRESS: 1402 W. Lanvale St

MEDICAL CERTIFICATION

18. 341 X

I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebrovascular thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 3 days.

DUE TO Cerebrovascular Disease

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Abscess of nose — 1 wk.

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Cardio-Renal disease — ?

19A. DATE OF OPERATION: None
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec 1, 1950, *to* Dec. 9, 1950, *that I last saw the deceased alive on* Dec. 9, 1950 *and that death occurred at* 10:30 P. m., *from the causes and on the date stated above.*

23A. SIGNATURE: Charles Tommasello M. D.
23B. ADDRESS: 910 W. Lombard St
23C. DATE SIGNED: Dec. 11/50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12/13/50
24C. NAME OF CEMETERY OR CREMATORY: Mt Calvary Cem
24D. LOCATION (City, town, or county) (State): Brooklyn Md

DATE RECEIVED BY LOCAL REGISTRAR: DEC 13 1950
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Choy O. Wilson — ADDRESS: 1000 Granby Ave

VS 150

131a

W #252
50-10647

50-10647

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Clara Washington

2. DATE OF DEATH: 12/10/1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland Balto. City
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 220 West Biddle Street
C. Length of stay in Baltimore: 13 Yrs. (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore City
D. STREET ADDRESS (If rural, give location): 220 West Biddle Street

11-04

5. SEX: Female
6. COLOR OR RACE: Col.
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: 4/19/1886
9. AGE (in years last birthday): 64
If Under 1 Year: Months: Days
If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: At Home
11. BIRTHPLACE (State or foreign country): Georgetown S.C.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Unkown
14. MOTHER'S MAIDEN NAME: Philis Bryant

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Janie Morgan
ADDRESS: 1420 Mcculloh St.

MEDICAL CERTIFICATION

18. I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

(A) Asthenia Arteriosclerotic Heart — ?

DUE TO

(B) Diseases of Heart

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov. 28, 1950 *to* 12-10, 19 50, *that I last saw the deceased alive on* 12-10, 19 50, *and that death occurred at* 7 P.M., *from the causes and on the date stated above.*

23A. SIGNATURE: Charles T. Wall M. D.
23B. ADDRESS: 861 Hughes St.
23C. DATE SIGNED: 12-15-50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12/15/1950
24C. NAME OF CEMETERY OR CREMATORY: Richmond Cem.
24D. LOCATION (City, town, or county) (State): Black River Road

DATE RECEIVED BY LOCAL REGISTRAR: DEC 13 1950
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Elroy O. Wilson
ADDRESS: 1500 Druid Hill Ave

VS 150

931

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be ... supplied. The correct age is especially important. Physicians: please write the causes of death clearly and ... ly.

MARGIN RESERVED FOR BINDING

S-600

50-10648

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50-10648

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): WILLIAM W. SAWYER

2. DATE OF DEATH: Dec 10, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland Balto. City
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Johns Hopkins Hospital
C. Length of stay in Baltimore: 27 Yrs. (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits write RURAL and give township): Baltimore City
D. STREET ADDRESS (If rural, give location): 226 N. Durham St

6-04

5. SEX: Male
6. COLOR OR RACE: Col.
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 9/19/1906
9. AGE (In years last birthday): 44
If Under 1 Year: Months / Days
If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10B. KIND OF BUSINESS OR INDUSTRY: In General
11. BIRTHPLACE (State or foreign country): Elizabeth City N.C.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Unkown
14. MOTHER'S MAIDEN NAME: Unkown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): Yes
(If yes, give war or dates of service): War # 2
16. SOCIAL SECURITY NO.
17. INFORMANT: Ida Sawyer
ADDRESS: 226 N. Durham Street

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Internal hemorrhage

DUE TO

(B) Rupture of spleen + diaphragm

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. EXTERNAL CAUSE WAS UNDERLYING ☑ OR CONTRIBUTING ☐ CAUSE OF DEATH.
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.): Street
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): ORLEANS + ANN
21D. TIME OF INJURY (Month) (Day) (Year) (Hour): Dec 10, 1950 12:25 A m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☑
21F. HOW DID INJURY OCCUR? Pedestrian struck by auto

22. *I certify that I took charge of the remains described above, held an* Inspection + Inq. (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said* ~~Autopsy~~, *Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☐, *accident* ☑, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

23A. SIGNATURE: Stanley H. Dundachen M.D.
23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☑ MEDICAL INVESTIGATOR ☐
23C. DATE SIGNED: Dec 10, 1950

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12/14/1950
24C. NAME OF CEMETERY OR CREMATORY
24D. LOCATION (City, town, or county) (State): Elizabeth City N.C.

DATE RECEIVED BY LOCAL REGISTRAR: DEC 13 1950
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Chas. J. Wilson
ADDRESS: 1000 Brantley Ave

VS 151

N-869.0 97099 170C

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

W 426
50-10649

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50-10649
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): EVERAGE WALKER
2. DATE OF DEATH: Dec. 9, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland Balto. City
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): PROVIDENT HOSPITAL
C. Length of stay in Baltimore 4 Yrs. (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore City
D. STREET ADDRESS (If rural, give location): 574 West Preston Street

17-07

5. SEX: Male
6. COLOR OR RACE: Col.
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 6/28/1915
9. AGE (In years last birthday): 35
If Under 1 Year: Months / Days
If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Hodcarier
10B. KIND OF BUSINESS OR INDUSTRY: Building CONSTRUCTION
11. BIRTHPLACE (State or foreign country): Fitzgearld Ga
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George Walker
14. MOTHER'S MAIDEN NAME: Annie Dixon

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): Yes
(If yes, give war or dates of service): War # 2
16. SOCIAL SECURITY NO.: 265-16-5574
17. INFORMANT: Elsie Olive
ADDRESS: 574 W. Preston St

MEDICAL CERTIFICATION

18. E982X

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Fracture of skull
DUE TO
(B)
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☑ NO ☐

21A. EXTERNAL CAUSE WAS UNDERLYING ☑ OR CONTRIBUTING ☐ CAUSE OF DEATH.
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.): Home
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): 574 W. Preston St.
21D. TIME OF INJURY (Month) (Day) (Year) (Hour): Dec 9, 1950 m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☑
21F. HOW DID INJURY OCCUR? STRUCK with ax during altercation

22. *I certify that I took charge of the remains described above, held an* Autopsy (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, ~~Inspection~~ and or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☑, undetermined ☐.*

23A. SIGNATURE: Stanley H. Dunlacker M.D.
23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☑ MEDICAL INVESTIGATOR ☐
23C. DATE SIGNED: Dec 10, 1950

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12/15/1950
24C. NAME OF CEMETERY OR CREMATORY: Pen Hill Cem.
24D. LOCATION (City, town, or county) (State): Fitzgearld Ga.

DATE RECEIVED BY LOCAL REGISTRAR: DEC 13 1950
REGISTRAR'S SIGNATURE: Lurlington Williams M.
25. FUNERAL DIRECTOR: Choy O. Wilson
ADDRESS: 1000 Brantly Ga

VS 151

N-803.2 97024 167

W#410 WOLF

50-10650 BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

X Registered No. 50-10650

1. NAME OF DECEASED (Type or Print): Weymon Washington Wolf
2. DATE OF DEATH: 12-12-50

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Union Memorial Hospital
C. Length of stay in Baltimore: Yrs. 44 Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY: Balto
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Balto 12 5000
D. STREET ADDRESS (If rural, give location): 105 Midhurst Rd. Midhurst

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): widower
8. DATE OF BIRTH: Aug. 29, 1866
9. AGE (In years last birthday): 84
If Under 1 Year: Months Days
If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret - Building Supt.
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): W. Virginia
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Michael H. Wolf
14. MOTHER'S MAIDEN NAME: Ardelia Drumheiter

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): no.
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 487-16-9914
17. INFORMANT: Robert Wolf
ADDRESS: Same.

MEDICAL CERTIFICATION

CAUSE OF DEATH

18. 420.0

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Myocardial infarct — INTERVAL BETWEEN ONSET AND DEATH: ?
DUE TO
(B) arteriosclerotic heart disease — ?
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec 2, 1950, *to* Dec 12, 1950, *that I last saw the deceased alive on* Dec 12, 1950. *and that death occurred at* 4:30 p.m., *from the causes and on the date stated above.*

23A. SIGNATURE: Richard Beach M. D.
23B. ADDRESS: Union Memorial Hosp.
23C. DATE SIGNED: 12-12-50

24A. BURIAL, CREMATION, REMOVAL (Specify): Removal
24B. DATE: 12/13/50
24C. NAME OF CEMETERY OR CREMATORY: Raymore
24D. LOCATION (City, town, or county) (State): Raymore, Missouri

DATE RECEIVED BY LOCAL REGISTRAR: DEC 13 1950
REGISTRAR'S SIGNATURE: Harrington Williams, M.D.
25. FUNERAL DIRECTOR: Wm. Cook, Inc., 1217 St. Paul St.
ADDRESS:

VS 150

937

MARGIN RESERVED FOR BINDING

PLEASE WRITE HEAVILY, WITH UNFADING INK. Every item of information should be [illegible] supplied. The correct age is especially important. Physicians: please write the causes of death clearly and [illegible]bly.

G 160
-10651

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50-10651

1. NAME OF DECEASED (Type or Print): James Grover

2. DATE OF DEATH: 12/12/50

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Franklin Square Hospital
C. Length of stay in Baltimore: 39 Yrs. ~~Mos.~~ ~~Days~~

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Balto Md 19-01
D. STREET ADDRESS (If rural, give location): 1731 Mc Henry St

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 6/12/1884
9. AGE (In years last birthday): 66 (8 g. m.) If Under 1 Year: Months: Days: If Under 24 Hours: Hours: Min.:
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Worker
10B. KIND OF BUSINESS OR INDUSTRY: City of Balto.
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: James A. Grover
14. MOTHER'S MAIDEN NAME: Sarah Harvey
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 212-26-4743
17. INFORMANT: Henrietta Grover ADDRESS: 1731 Mc Henry St Balto. Md

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) 420.1 Coronary Artery Disease
DUE TO
(B)
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* Inspection (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☑, *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

23A. SIGNATURE: C. A. Lubrano M.D.
23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☑
23C. DATE SIGNED: 12/12/50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12/15/50
24C. NAME OF CEMETERY OR CREMATORY: London Park
24D. LOCATION (City, town, or county) (State): Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR: DEC 13 1950
REGISTRAR'S SIGNATURE: [illegible] for Milwaukee, Md.
25. FUNERAL DIRECTOR: Easton Sons ADDRESS: Catonsville Md

VS 151

69093 94a

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

0256
50-10652

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50-10652
Registered No.

1. NAME OF DECEASED (Type or Print): Lewis Webb O'Connor

2. DATE OF DEATH: December 12

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 44 Union Memorial Hospital
C. Length of stay in Baltimore: 59 Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 27-20
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 3308 Shelburne Rd. Balto. 8

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: November 23, 1891
9. AGE (In years last birthday): 59
If Under 1 Year: Months | Days | If Under 24 Hours: Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Civil Engineer
10B. KIND OF BUSINESS OR INDUSTRY: Engineering Services
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Mr. Eugene O'Connor
14. MOTHER'S MAIDEN NAME: Virginia Wilhelm
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): unknown
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: no
17. INFORMANT: Wife - Mrs Sabina O'Connor
ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Pulmonary Embolism — INTERVAL BETWEEN ONSET AND DEATH: 12 hours

DUE TO

ANTECEDENT CAUSES

(B) Arteriosclerotic heart disease — 2 years

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec. 7, 1950 *to* Dec 12, 1950 *that I last saw the deceased alive on* Dec. 12, 1950 *and that death occurred at* 6:15 A.m., *from the causes and on the date stated above.*

23A. SIGNATURE: Alfred S. Nelson M. D.
23B. ADDRESS: Union Memorial Hospital, Baltimore 18, Maryland
23C. DATE SIGNED: Dec 12, 1950

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12/15/50
24C. NAME OF CEMETERY OR CREMATORY: Druid Ridge Cem.
24D. LOCATION (City, town, or county) (State): Pikesville, Md.

DATE RECEIVED BY LOCAL REGISTRAR: DEC 13 1950
REGISTRAR'S SIGNATURE: Eustis Williams, M.D.
25. FUNERAL DIRECTOR: Wm. J. Dickens & Son
ADDRESS: 930 Md

VS 150

04387

M-255
50-10653

50-10653

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): LILLIAN V. McNANEY

2. DATE OF DEATH: Dec. 12, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 6000 Bellona Ave.
C. Length of stay in Baltimore (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 6000 Bellona Ave.

5. SEX: female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): single
8. DATE OF BIRTH: May 19, 1869
9. AGE (in years last birthday): 81 — If Under 1 Year: Months, Days — If Under 24 Hours: Hours, Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clerk (rtd)
10B. KIND OF BUSINESS OR INDUSTRY: Office work
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: James McNaney
14. MOTHER'S MAIDEN NAME: Mary Ashby
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): – (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: –
17. INFORMANT: Mrs. Mildred Dempsey — ADDRESS: 1552 Lochwood Rd.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — 450.0
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) BRONCHOPNEUMR — INTERVAL BETWEEN ONSET AND DEATH: 5 DAYS
DUE TO

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B)
DUE TO
(C) ARTERIOSCLEROSIS — 2 YEARS

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* NOV. 27, 1950 *to* DEC. 12, 1950 *that I last saw the deceased alive on* DEC. 12, 1950 *and that death occurred at* 9 A.M. *from the causes and on the date stated above.*

23A. SIGNATURE: Stuart D. Sieg M.D.
23B. ADDRESS: 201 EAST 33rd St.
23C. DATE SIGNED: 12/13/50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12/14/50
24C. NAME OF CEMETERY OR CREMATORY: Balto. Cem.
24D. LOCATION (City, town, or county) (State): Balto., Md.

DATE RECEIVED BY LOCAL REGISTRAR: DEC 13 1950
REGISTRAR'S SIGNATURE: Walter Williams, M.D.
25. FUNERAL DIRECTOR: Wm. J. Pickner & Sons
ADDRESS: Balto. Md.

VS 150

107

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be [illegible] supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

155
50-10654
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50-10654
Registered No.

1. NAME OF DECEASED (Type or Print): CHARLES CURTIS CHAPMAN

2. DATE OF DEATH: Dec. 11, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2813 Presstman St.
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 2813 Presstman St.

16-07

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: June 12, 1887
9. AGE (In years last birthday): 63 — If Under 1 Year: Months Days — If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): clerk
10B. KIND OF BUSINESS OR INDUSTRY: Westinghouse
11. BIRTHPLACE (State or foreign country): Idaho
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Alpheus Chapman — RADIO EXPT. (M)
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): —
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 015-03-7342
17. INFORMANT: Mrs. Charles Chapman — ADDRESS: 2813 Presstman St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

420.1 and 154X

(A) Coronary Occlusion — Immediate

DUE TO

ANTECEDENT CAUSES

(B) Arterio sclerosis

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

carcinoma of Rectum — 6 mo

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 11/10, 1950 *to* 12/11, 1950, *that I last saw the deceased alive on* 12/1, 1950 *and that death occurred at* 11 a m., *from the causes and on the date stated above.*

23A. SIGNATURE: [signature] M. D.
23B. ADDRESS: 2020 N. Charles St.
23C. DATE SIGNED: 12/13/50

24A. BURIAL, CREMATION, REMOVAL (Specify): Cremation
24B. DATE: 12/14/50
24C. NAME OF CEMETERY OR CREMATORY: Greenmount Crem.
24D. LOCATION (City, town, or county) (State): Balto., Md.

DATE RECEIVED BY LOCAL REGISTRAR: DEC 13 1950
REGISTRAR'S SIGNATURE: Winston Williams, M.D.
25. FUNERAL DIRECTOR: Wm. J. Pickens & Son
ADDRESS: Balto Md.

VS 150

3903M

46D

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

J-250

50-10655

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 50-10655

1. NAME OF DECEASED (Type or Print): James W. Jackson

2. DATE OF DEATH: Dec 11, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1101 Booth Street
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: Baltimore
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 1101 Booth ST.

5. SEX: M
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: April 15, 1892
9. AGE (In years last birthday): 58 yrs
If Under 1 Year: Months: Days
If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): General
10B. KIND OF BUSINESS OR INDUSTRY: Laborer
11. BIRTHPLACE (State or foreign country): Va
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Jacob Jackson
14. MOTHER'S MAIDEN NAME: Fannie Howard
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Mary E. Jackson ADDRESS 1101 Pl

MEDICAL CERTIFICATION

18. 162X

CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Bronchogenic Carcinoma — INTERVAL BETWEEN ONSET AND DEATH: 1 yr.

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Arteriosclerotic Heart Disease — ?

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan, 1950 *to* Dec 11, 1950 *that I last saw the deceased alive on* Dec 1, 1950 *and that death occurred at* 7 00 P m., *from the causes and on the date stated above.*

23A. SIGNATURE: Herbert Moseley Jr M. D.
23B. ADDRESS: 1325 N Charles St
23C. DATE SIGNED: 12/12/50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12/15/50
24C. NAME OF CEMETERY OR CRAMATORY: Balto National Cem.
24D. LOCATION (City, town, or county) (State): Frederick Md

DATE RECEIVED BY LOCAL REGISTRAR: DEC 13 1950
REGISTRAR'S SIGNATURE: Huntington Williams M.D.
25. FUNERAL DIRECTOR: Metropolitan Funeral Home Inc
ADDRESS: 47 c 92 W Mounts

VS 150

97099

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be furnished if supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

C-365

50-10656

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X Registered No. 50-10656

1. NAME OF DECEASED (Type or Print): Mr. JOSEPH G. CITRANO

2. DATE OF DEATH: 12-11-50

3. PLACE OF DEATH:
A. Baltimore City, Maryland — Baltimore, Md.
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bon Secours Hospital
C. Length of stay in Baltimore — Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: E.U.A.
B. COUNTY: Md. Baltimore
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 8203 Loch Raven Blvd.

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): M
8. DATE OF BIRTH: 3-2-96
9. AGE (In years last birthday): 54 — If Under 1 Year: Months, Days — If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10B. KIND OF BUSINESS OR INDUSTRY: Barber
11. BIRTHPLACE (State or foreign country): Baltimore Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: ANTONINO CITRANO
14. MOTHER'S MAIDEN NAME: VINCENZA MARANTO

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT — ADDRESS

MEDICAL CERTIFICATION

18. 260X

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

(A) Coronary Thrombosis

DUE TO

(B) Hypertensive Vascular disease -

DUE TO

(C) Generalized Arteriosclerosis - Diabetes -

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED — WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Decem. 1, 1950, *to* Decem 11, 1950, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* 6:20 P.M. *m., from the causes and on the date stated above.*

23A. SIGNATURE: J. Mendoza M. D.
23B. ADDRESS: 2025 W. Fayette, Balt.
23C. DATE SIGNED: 12-11-50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: Dec 15-1950
24C. NAME OF CEMETERY OR CREMATORY: Holy Redeemer Cem.
24D. LOCATION (City, town, or county) (State): 4430 Belair Rd

DATE RECEIVED BY LOCAL REGISTRAR: DEC 13 1950
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Frank Weller Inc.
ADDRESS: 322 S. Haven St.

VS 150

J. Mendoza 7408F 61

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

U-525 50-10657

BIRTH NO. 50-27801

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 50-10657

1. NAME OF DECEASED (Type or Print): UNIDENTIFIED FEMALE CHILD

2. DATE OF DEATH: Nov. 25, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Johns Hopkins Hospital
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Found - Gough & Spring Sts
D. STREET ADDRESS (If rural, give location)

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
8. DATE OF BIRTH
9. AGE (In years last birthday): If Under 1 Year: Months, Days; If Under 24 Hours: Hours, Min. 2 ?
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10B. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country)
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME
14. MOTHER'S MAIDEN NAME
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT — ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

E983 X

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Exposure-abandoment of newborn

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21A. EXTERNAL CAUSE WAS UNDERLYING [X] OR CONTRIBUTING [ ] CAUSE OF DEATH.
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.): Perkins Project Dump
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): Found dead at Gough & Spring Sts.
21D. TIME OF INJURY (Month) (Day) (Year) (Hour): Found: Nov. 25, 1950 2:30 p.m.
21E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]
21F. HOW DID INJURY OCCUR? Exposure-abandoment of newborn

22. *I certify that I took charge of the remains described above, held an* Autopsy (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* [ ], *accident* [ ], *suicide* [ ], *homicide* [X], *undetermined* [ ].

23A. SIGNATURE: William Wooth M.D.
23B. CHIEF MEDICAL EXAMINER [ ] ASSISTANT MEDICAL EXAMINER [X] MEDICAL INVESTIGATOR [ ]
23C. DATE SIGNED: Dec. 12, 1950

24A. BURIAL, CREMATION, REMOVAL (Specify): Cremated
24B. DATE: 12/12/50
24C. NAME OF CEMETERY OR CREMATORY: THE MORGUE
24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR: DEC 13 1950
REGISTRAR'S SIGNATURE: [illegible]
25. FUNERAL DIRECTOR: R.S. Fisher M.D.
ADDRESS: 168

VS 151

N-987.0

Cremated at Morgue 12/12/50

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be furnished. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

U-525 50-10658

BIRTH NO. 50-27302

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50-10658

1. NAME OF DECEASED (Type or Print): UNKNOWN BABY

2. DATE OF DEATH: December 1, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Found: Sewer at Charles & Winder Sts. South Baltimore General Hospital
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: U
B. COUNTY: 23-03
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Found in Sewer
D. STREET ADDRESS (If rural, give location): Charles & Winder Sts

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): U
8. DATE OF BIRTH: U W N
9. AGE (In years last birthday): If Under 1 Year: Months / Days; If Under 24 Hours: Hours / Min. 5
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY: K
11. BIRTHPLACE (State or foreign country): K
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: N O
14. MOTHER'S MAIDEN NAME: N O
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: N
17. INFORMANT: N
ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) E983X, Neglect of newborn

DUE TO

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C)

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* Inquiry & Inspection (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☒.*

23A. SIGNATURE: William S. Good M.D.
23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR ☐
23C. DATE SIGNED: Dec. 12, 1950

24A. BURIAL, CREMATION, REMOVAL (Specify): Cremated
24B. DATE: 12/12/50
24C. NAME OF CEMETERY OR CREMATORY: THE MORGUE
24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR: DEC 13 1950
REGISTRAR'S SIGNATURE: Lillington Williams, M.D.
25. FUNERAL DIRECTOR: R. S. Fisher M. D.
ADDRESS:

VS 151 N-987.0 Cremated at Morgue 12/12/50 1-68

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be furnished if possible. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

D-000 472319 DAY

50-10659

BIRTH NO. 50-26418

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50-10659

Registered No.

1. NAME OF DECEASED (Type or Print): Baby Day "Frances"

2. DATE OF DEATH: December 7, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): The Johns Hopkins Hospital
C. Length of stay in Baltimore (Yrs. Mos. Days): 33

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 6-03
D. STREET ADDRESS (If rural, give location): 204 N. Bradford St.

5. SEX: Male
6. COLOR OR RACE: negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): single
8. DATE OF BIRTH: December 6, 1950
9. AGE (In years last birthday): If Under 1 Year: Months: Days: 1; If Under 24 Hours: Hours: Min.:
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant
10B. KIND OF BUSINESS OR INDUSTRY: -
11. BIRTHPLACE (State or foreign country): Baltimore, Maryland
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Herbert Smith
14. MOTHER'S MAIDEN NAME: Frances Day
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Hospital Records
ADDRESS

MEDICAL CERTIFICATION

18. 750X

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Anencephaly — Congenital

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Congenital malformation

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* December 6, 1950 *to* December 7, 1950, *that I last saw the deceased alive on* December 7, 1950, *and that death occurred at* 1:50 A.M., *from the causes and on the date stated above.*

23A. SIGNATURE: [signature] M. D.
23B. ADDRESS: 601 N. Broadway
23C. DATE SIGNED: 12-10-50

24A. BURIAL, CREMATION, REMOVAL (Specify)
24B. DATE
24C. NAME OF CEMETERY OR CREMATORY: Hoy Dufour
24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR: DEC 1 3 1950
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR
ADDRESS

VS-150

157c

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be ... supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

200 Hussey

50-10650

BIRTH NO. 50-23294

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 50-10650

1. NAME OF DECEASED (Type or Print): Nanney Hussey

2. DATE OF DEATH: Dec 2, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland Ped. 10 2 14 4 G

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): JOHNS HOPKINS HOSPITAL

C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 10-04
D. STREET ADDRESS (If rural, give location): 1206 Harford Road

5. SEX: Female
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Child
8. DATE OF BIRTH: 10-18-50
9. AGE (In years last birthday): Months 1 Days 14 Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: George Hussey
14. MOTHER'S MAIDEN NAME: Jenny Staples

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: JOHNS HOPKINS HOSPITAL ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Meningitis, pneumococcus — INTERVAL BETWEEN ONSET AND DEATH: 1 wk.

DUE TO

(B)

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 2
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 11-27-, 1950 *to* 12-2-, 1950 *that I last saw the deceased alive on* 12-2-, 1950 *and that death occurred at* 3:10 P.M., *from the causes and on the date stated above.*

23A. SIGNATURE: Thomas C. McPherson M.D.
23B. ADDRESS: JOHNS HOPKINS HOSPITAL
23C. DATE SIGNED: 12/7/50

24A. BURIAL, CREMATION, REMOVAL (Specify):
24B. DATE:
24C. NAME OF CEMETERY OR CREMATORY: Fort Desoure
24D. LOCATION (City, town, or county) (State):

DATE RECEIVED BY LOCAL REGISTRAR: DEC 13 1950
REGISTRAR'S SIGNATURE: Hunter Jr. Williams, M.D.
25. FUNERAL DIRECTOR:
ADDRESS:

VS 150

81a

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be [illegible] supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

H-300

50-10661

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X Registered No. 50-10661

1. NAME OF DECEASED (Type or Print): EARL DOWNIN Huyett

2. DATE OF DEATH: 12-13-50

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Union Memorial Hospital
44
C. Length of stay in Baltimore: 13 ~~Yrs.~~ ~~Mos.~~ Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: Washington
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hagerstown
D. STREET ADDRESS (If rural, give location): 924 Northern Avenue 7103

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: April 1, 1901
9. AGE (In years last birthday): 49
If Under 1 Year: Months | Days
If Under 24 Hours: Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Supt. of Construction
10B. KIND OF BUSINESS OR INDUSTRY: Construction
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John B. Huyett
14. MOTHER'S MAIDEN NAME: Betty E. Downin

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): unk
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Mrs. Alma Huyett
ADDRESS: Hagerstown Md.

MEDICAL CERTIFICATION

18. 443X

CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Hypertensive Cardio-Vascular Disease — INTERVAL BETWEEN ONSET AND DEATH: 10 years

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec 1, 1950, *to* Dec 13, 1950, *that I last saw the deceased alive on* Dec 13, 1950, *and that death occurred at* 8:30 P. m., *from the causes and on the date stated above.*

23A. SIGNATURE: Alfred S. Nelson M. D.
23B. ADDRESS: Union Memorial Hospital Baltimore 18, Maryland
23C. DATE SIGNED: Dec 13, 1950

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12/15/50
24C. NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery
24D. LOCATION (City, town, or county) (State): Hagerstown Md.

DATE RECEIVED BY LOCAL REGISTRAR: DEC 14 1950
REGISTRAR'S SIGNATURE: Washington Williams, M.D.
25. FUNERAL DIRECTOR: Fred. W. Rancier
ADDRESS: Hagerstown Md.

VS 150

290 24

93D

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

E 350

50-10662

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 50-10662

1. NAME OF DECEASED (Type or Print): DEBORAH (DEBRA) R. E. EATON

2. DATE OF DEATH: Dec. 13, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Maryland General Hospital
c. Length of stay in Baltimore (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 3610 Paine St.

13-07

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: Sept. 17, 1944
9. AGE (In years last birthday): 6
If Under 1 Year: Months / Days
If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10B. KIND OF BUSINESS OR INDUSTRY: ----
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Jesse L. Eaton
14. MOTHER'S MAIDEN NAME: Erma M. Mallonee

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Erma M. Eaton
ADDRESS: 3610 Paine St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) 510.1 and E945.7

(A) Syncope and respiratory failure during ether anesthesia

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: Dec. 13, 1950
19B. MAJOR FINDINGS OF OPERATION: Tonsilectomy and adenoidectomy
20. AUTOPSY? YES [X] NO [ ]

21A. EXTERNAL CAUSE WAS UNDERLYING [X] OR CONTRIBUTING [ ] CAUSE OF DEATH.
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.): Hospital
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): Maryland General Hospital

21D. TIME OF INJURY (Month) (Day) (Year) (Hour): Dec. 13, 1950 2:50 P m.
21E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]
21F. HOW DID INJURY OCCUR? Cardiac arrest during ether anesthesia

22. *I certify that I took charge of the remains described above, held an* Autopsy (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* [ ], *accident* [X], *suicide* [ ], *homicide* [ ], *undetermined* [ ].

23A. SIGNATURE: R S Fisher M.D.
23B. CHIEF MEDICAL EXAMINER [X] ASSISTANT MEDICAL EXAMINER [ ] MEDICAL INVESTIGATOR [ ]
23C. DATE SIGNED: Dec. 14, 1950

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: Dec 16/50
24C. NAME OF CEMETERY OR CREMATORY: Woodlawn
24D. LOCATION (City, town, or county) (State): Woodlawn Md

DATE RECEIVED BY LOCAL REGISTRAR: DEC 14 1950
REGISTRAR'S SIGNATURE: Austin [illegible] Williams, M.
25. FUNERAL DIRECTOR: Austin E. Donovan 1159
ADDRESS: 3818 Roland Ave

VS 151

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be furnished. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

H-430
50-10663

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50-10663

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): John W. Held

2. DATE OF DEATH: Dec 11, 1950

3. PLACE OF DEATH: A. Baltimore City, Maryland 528 N. Monroe St

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

C. Length of stay in Baltimore: Yrs. Mos. Days — Life

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 20-01
D. STREET ADDRESS (If rural, give location): 528 N. Monroe St

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Aug 20, 1880
9. AGE (In years last birthday): 70 — If Under 1 Year: Months, Days — If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Jewelry Mfg
10B. KIND OF BUSINESS OR INDUSTRY: H. G. Gaither Co.
11. BIRTHPLACE (State or foreign country): Balto Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: William Held — OPERATIVE JEWELRY (M)
14. MOTHER'S MAIDEN NAME: Katherine Beck

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Mrs Sadie I. Held — ADDRESS: 528 N. Monroe St

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Angina Pectoris
DUE TO

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B) Gastric disturbance, Asthenia, Hong
DUE TO
(C)

INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec 4, 1950, *to* Dec 11, 1950, *that I last saw the deceased alive on* Dec 4, 1950, *and that death occurred at* 7.50 P *m., from the causes and on the date stated above.*

23A. SIGNATURE: H. d. Hammer M. D.
23B. ADDRESS: 1929 Edmondson Ave
23C. DATE SIGNED: Dec 24 1950

24A. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: 12-14-50
24C. NAME OF CEMETERY OR CREMATORY: WOODLAWN
24D. LOCATION (City, town, or county) (State): WOODLAWN, Md.

DATE RECEIVED BY LOCAL REGISTRAR: DEC 14 1950
REGISTRAR'S SIGNATURE: Esther Williams, M.D.
25. FUNERAL DIRECTOR: John O. Mitchell & Sons
ADDRESS: 1900 Eutaw Pl.

VS 150

69032

94B

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be [illegible] supplied. The correct age is especially important. Physicians: please write the causes of death clearly and [illegible]ly.

M#600

50-10664

BIRTH NO. REA-120281

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 50-10664

1. NAME OF DECEASED (Type or Print): John Wesley (Wisley) Mohr

2. DATE OF DEATH: Dec. 12, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Baltimore City Hospitals, 4940 Eastern Avenue
C. Length of stay in Baltimore: Life (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 2032 E. Pratt Street

2-01

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Sept. 8, 1866
9. AGE (In years last birthday): 84 — If Under 1 Year: Months, Days — If Under 24 Hours: Hours, Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?:
13. FATHER'S NAME: Christian Mohr
14. MOTHER'S MAIDEN NAME: Amelia Taylor
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Records: B. C. H. ADDRESS: 4940 Eastern Avenue

MEDICAL CERTIFICATION

CAUSE OF DEATH

18. 493X

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 3 days

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Pulmonary Emphyema

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 6-8, 1948, *to* 12-12, 1950, *that I last saw the deceased alive on* 12-12, 1950 *and that death occurred at* 2:30A *m., from the causes and on the date stated above.*

23A. SIGNATURE: J. S. Rogers M. D.
23B. ADDRESS: 4940 Eastern Avenue
23C. DATE SIGNED: 12-12-50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: Dec. 14/50
24C. NAME OF CEMETERY OR CREMATORY: Woodlawn
24D. LOCATION (City, town, or county) (State): Woodlawn, Md.

DATE RECEIVED BY LOCAL REGISTRAR: DEC 14 1950
REGISTRAR'S SIGNATURE: Lurington Williams, M.D.
25. FUNERAL DIRECTOR: Loring Byers, ADDRESS: 5005 Pk Heights Ave

VS 150

1098

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be [illegible] supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

3. Frona.
mail to Mr. Karl H. Mohr
4109 Garrison Blvd.

W 1430
50-10665

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50-10665

1. NAME OF DECEASED (Type or Print): FRANCIS. KRAUSE WALT

2. DATE OF DEATH: December 12, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mercy Hospital
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 612 E. Baltimore Street

4-01

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): ?
8. DATE OF BIRTH: APRIL 15, 1881
9. AGE (In years last birthday): 69 | If Under 1 Year: Months Days | If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ?
10B. KIND OF BUSINESS OR INDUSTRY: ?
11. BIRTHPLACE (State or foreign country): PENNSYLVANIA
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: FRANK WALT
14. MOTHER'S MAIDEN NAME: AMANDA KRAUSE

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: THEODORE C. AUMAN, INC. ADDRESS: READING, PA. FUN'L. DIR.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Hypertensive cardiovascular disease
DUE TO
(B)
DUE TO
(C)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

INTERVAL BETWEEN ONSET AND DEATH

443X

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* Inspection & Inquiry (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from:* natural causes ☒, *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

23A. SIGNATURE: William Wolff M.D.
23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR ☐
23C. DATE SIGNED: Dec. 13, 1950

24A. ~~BURIAL, CREMATION~~, REMOVAL (Specify): REMOVAL
24B. DATE: 12-14-50
24C. NAME OF CEMETERY OR CREMATORY
24D. LOCATION (City, town, or county) (State): READING, PA.

DATE RECEIVED BY LOCAL REGISTRAR: DEC 14 1950
REGISTRAR'S SIGNATURE: Lexington Williams, M.D.
25. FUNERAL DIRECTOR: Wm J. Fickner & Son
ADDRESS: Balto. Md.

VS 151

93D

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be furnished. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

C-652

50-10666

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50-10666

Registered No.

1. NAME OF DECEASED (Type or Print): OMAR H. CARRINGTON

2. DATE OF DEATH: Dec. 13, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1325 Bolton St.
C. Length of stay in Baltimore (Yrs. Mos. Days):

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 1325 Bolton St.

11-04

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: July 15, 1873
9. AGE (In years last birthday): 77 — If Under 1 Year: Months, Days — If Under 24 Hours: Hours, Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Gen'l. Advertising
10B. KIND OF BUSINESS OR INDUSTRY: Own Adv. Bus.
11. BIRTHPLACE (State or foreign country): New York
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Omar E. Carrington
14. MOTHER'S MAIDEN NAME: Susan Spees Howard
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): no — (If yes, give wer or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Mrs. Margaret B. Carrington — ADDRESS: 1325 Bolton St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Carcinoma of prostate — INTERVAL BETWEEN ONSET AND DEATH: 2 yr.

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: Jan. 27, 1949
19B. MAJOR FINDINGS OF OPERATION: Orchidectomy, bilateral
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan. 8, 1949, *to* Dec. 13, 1950 *that I last saw the deceased alive on* Dec. 9, 1950, *and that death occurred at* 12:45 a.m., *from the causes and on the date stated above.*

23A. SIGNATURE: John Tilden Howard M. D.
23B. ADDRESS: 12 East Eager St. Balto.
23C. DATE SIGNED: Dec. 14, 50

24A. BURIAL, CREMATION, REMOVAL (Specify): Cremation
24B. DATE: 12/15/50
24C. NAME OF CEMETERY OR CREMATORY: Green Mount Crematory
24D. LOCATION (City, town, or county) (State): Balto., Md.

DATE RECEIVED BY LOCAL REGISTRAR: DEC 14 1950
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Wm. J. Pickens & Sons
ADDRESS: Balto. Md.

VS 150

513

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be [illegible] supplied. The correct age is especially important. Physicians: please write the causes of death clearly and [illegible]ly.

P-643

50-10667

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 50-10667

1. NAME OF DECEASED (Type or Print): George Wirt Parlett

2. DATE OF DEATH: 12-13-50

3. PLACE OF DEATH: A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 46 Lutheran Hospital

c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Md.

B. COUNTY:

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 15-48

D. STREET ADDRESS (If rural, give location): 3403 Gwynns Falls Pkwy.

5. SEX: M

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: Mar. 19, 1884

9. AGE (In years last birthday): 66

If Under 1 Year: Months: Days

If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): salesman

10B. KIND OF BUSINESS OR INDUSTRY: Dept. Store (R)

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: David O. Parlett

14. MOTHER'S MAIDEN NAME: Mary Louise Knight

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): no

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Mrs. Lillie S. Parlett

ADDRESS: 3403 Gwynns Falls Pkwy.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Coronary thrombosis

DUE TO

(B) Arteriosclerotic Heart Disease

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12-5 *1950, to* 12-13 *, 1950, that I last saw the deceased alive on* 12-13 *, 1950, and that death occurred at* 6⁴⁵ *A.m., from the causes and on the date stated above.*

23A. SIGNATURE: Jerome Daber M. D.

23B. ADDRESS: Lutheran Hosp

23C. DATE SIGNED: 12-13-50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial

24B. DATE: 12/16/50

24C. NAME OF CEMETERY OR CREMATORY: Druid Ridge Cem.

24D. LOCATION (City, town, or county) (State): Pikesville, Md.

DATE RECEIVED BY LOCAL REGISTRAR: DEC 14 1950

REGISTRAR'S SIGNATURE: Huntington Williams, M.D.

25. FUNERAL DIRECTOR: Wm. J. Dickens & Sons

ADDRESS: 93D Baltimore Md.

VS 150

4906C

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

A-164

50-10668

APRILL

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 50-10668

BIRTH NO.

1. NAME OF DECEASED (Type or Print): APRILL - RUTH

2. DATE OF DEATH: 12/12/50

3. PLACE OF DEATH:
A. Baltimore City, Maryland: BALTIMORE CITY
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): SOUTH - BALTIMORE GEN. HOSP.
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY: A.A. CO.
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): FERNDALE
D. STREET ADDRESS (If rural, give location): 5200

5. SEX: F
6. COLOR OR RACE: W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED
8. DATE OF BIRTH: SEPT 12, 1873
9. AGE (In years last birthday): 77
If Under 1 Year: Months / Days
If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): SEAMSTRESS
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): IRELAND
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: SAMUEL - TAYLOR
14. MOTHER'S MAIDEN NAME: SARAH. A. HENRY.

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: MRS. JESSIE HUTSON, ADDRESS: 3416 BELAIR RD.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Comminutive fracture of right femoral neck. — INTERVAL BETWEEN ONSET AND DEATH: 6 months

DUE TO

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C)

CERTIFICATION APPROVED BY

Stanley K. Dunladen M. D.

CORONER OR ASST. MEDICAL EXAMINER

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.: ARTERIOSCLEROSIS

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.): HOME
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): FERNDALE P. O. MD.
21D. TIME OF INJURY (Month) (Day) (Year) (Hour): 6 1 50 m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21F. HOW DID INJURY OCCUR? SHE FELL on steps

22. I hereby certify that I attended the deceased from 14th Nov, 1950 to 12 Dec, 1950, that I last saw the deceased alive on 12 Dec, 1950, and that death occurred at 5:55 p.m., from the causes and on the date stated above.

23A. SIGNATURE: Charles Henri Parent M. D.
23B. ADDRESS: SOUTH-BALTIMORE GEN. HOSP.
23C. DATE SIGNED: 12/12/50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12/15/50
24C. NAME OF CEMETERY OR CREMATORY: BALTIMORE
24D. LOCATION (City, town, or county) (State): BALTIMORE, MD.

DATE RECEIVED BY LOCAL REGISTRAR: DEC 14 1950
REGISTRAR'S SIGNATURE: Huntington Williams, M
25. FUNERAL DIRECTOR: Wm. Cook, Inc., ADDRESS: 1217 ST. PAUL ST.

VS 150

N 820.1

186a

MARGIN RESERVED FOR BINDING

PLEASE WRITE IN INK ONLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is specially important. Physicians: please write the causes of death clearly and legibly.

G 625

50-10669

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 50-10669

1. NAME OF DECEASED (Type or Print): Fred C. Griesner

2. DATE OF DEATH: Dec. 12, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 526 S. Belnord Avenue
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 526 S. Belnord Avenue

1-03

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Aug. 18, 1870
9. AGE (In years last birthday): 80 — If Under 1 Year: Months, Days — If Under 24 Hours: Hours, Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret. Sawyer
10B. KIND OF BUSINESS OR INDUSTRY: Saw Mill Work
11. BIRTHPLACE (State or foreign country): Baltimore, Maryland
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Martin Griesner
14. MOTHER'S MAIDEN NAME: Annie M. Staback
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): no — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 219-03-6766
17. INFORMANT: Mrs. Elizabeth Griesner — ADDRESS: 526 S. Belnord Ave.

MEDICAL CERTIFICATION

1B. 422.1

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

(A) Acute Myocardial Insuff. — 16 hrs.

DUE TO

(B) Chr. Myocarditis & Chronic — ?

DUE TO

(C) Senile Arteriosclerosis

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1950, to Dec. 12, 1950, that I last saw the deceased alive on Dec 12, 1950, and that death occurred at 4 p.m., from the causes and on the date stated above.

23A. SIGNATURE: Isaac L. Temple M. D.
23B. ADDRESS: 2000 E. Pratt St.
23C. DATE SIGNED: 12/14/50

24A. BURIAL, CREMATION, REMOVAL (Specify): burial
24B. DATE: 12/16/50
24C. NAME OF CEMETERY OR CREMATORY: Schwartz Cemetery
24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE RECEIVED BY LOCAL REGISTRAR: DEC 14 1950
REGISTRAR'S SIGNATURE: Lucretia Williams, M
25. FUNERAL DIRECTOR: Wm. Cook, Inc.
ADDRESS: 1217 St. Paul Street

VS 150

937

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

B 216
50-10670

50-10670

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Helen Gray Bassford

2. DATE OF DEATH: December 12, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1321 Weldon Avenue
C. Length of stay in Baltimore: Life Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 1321 Weldon Avenue

15-08

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: July 15, 1908
9. AGE (In years last birthday): 42 | If Under 1 Year: Months, Days | If Under 24 Hours: Hours, Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Cashier
10B. KIND OF BUSINESS OR INDUSTRY: Independent Life Ins. Co.
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U S A
13. FATHER'S NAME: F. Edward Bassford
14. MOTHER'S MAIDEN NAME: Grace Boublitz
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 212-10-3299
17. INFORMANT: Mrs. Grace Bassford ADDRESS: 1321 Weldon Avenue

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Carcinoma Cachexia — INTERVAL BETWEEN ONSET AND DEATH: 3 mo

DUE TO

ANTECEDENT CAUSES

(B) Carcinoma Breast — 3 years

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 3 years
19B. MAJOR FINDINGS OF OPERATION: Carcinoma of Breast
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1920 *to* Dec 12, 1950, *that I last saw the deceased alive on* Dec 12, 1950, *and that death occurred at* 6 A. m., *from the causes and on the date stated above.*

23A. SIGNATURE: Herbert M. Foxley M. D.
23B. ADDRESS: 2824 St. Paul St
23C. DATE SIGNED: Dec 17-50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12-15-50
24C. NAME OF CEMETERY OR CREMATORY: Lorraine Park
24D. LOCATION (City, town, or county) (State): Baltimore Co., Maryland

DATE RECEIVED BY LOCAL REGISTRAR: DEC 14 1950
REGISTRAR'S SIGNATURE: Lucius J. Williams, M.D.
25. FUNERAL DIRECTOR: Burgee Funeral Home ADDRESS: 3631 Falls Road

VS 150

32073 Horace F. Burgee 50

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

0+300

50-10671

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50-10671

Registered No.

1. NAME OF DECEASED (Type or Print): MARGIE M. OTTO

2. DATE OF DEATH: Dec 13. 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland 3223 Westmont Ave
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 00
C. Length of stay in Baltimore: 12 Yrs. ~~Mos.~~ Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY: 1607
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 3223 Westmont Ave

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: May 3, 1875
9. AGE (In years last birthday): 75
If Under 1 Year: Months: Days
If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife
10B. KIND OF BUSINESS OR INDUSTRY: At Home
11. BIRTHPLACE (State or foreign country): Maryland.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Washington Eyler
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): —
(If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: 220-05-3738
17. INFORMANT: Roy E. Otto
ADDRESS: 3223 Westmont Ave

MEDICAL CERTIFICATION

CAUSE OF DEATH

18. 422.1 and 181X

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Arteriosclerotic Cardio-Vascular Disease — INTERVAL BETWEEN ONSET AND DEATH: 10 yrs.

DUE TO

(B) Generalized Arteriosclerosis — 15 yr.

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.: Carcinoma of Rectum - Diverticulosis of colon

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan, 1945, *to* Dec 13, 1950, *that I last saw the deceased alive on* Dec 12, 1950, *and that death occurred at* 6 a. m., *from the causes and on the date stated above.*

23A. SIGNATURE: Albert J. Shochat M. D.
23B. ADDRESS: 2302 Edmondson Ave
23C. DATE SIGNED: 12/13/50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: Dec 15-1950
24C. NAME OF CEMETERY OR CREMATORY: Loudon Park
24D. LOCATION (City, town, or county) (State): Balto Md

DATE RECEIVED BY LOCAL REGISTRAR: DEC 14 1950
REGISTRAR'S SIGNATURE: Lillington Williams M.D.
25. FUNERAL DIRECTOR: Mrs. Mrs. John W. Teufel Son
ADDRESS: 5311 Edmondson Ave

52 B ave

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be [illegible] supplied. The correct age is especially important. Physicians: please write the causes of death clearly and [illegible]ly.

B-626
50-10672

BURGER

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50-10672
Registered No.

BIRTH NO. APOLONIE

1. NAME OF DECEASED (Type or Print): Loney Quint-Burger

2. DATE OF DEATH: 12/12/50

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Maryland General Hospital
C. Length of stay in Baltimore: 79 Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 1046 West Barre St #30

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: July 25, 1871
9. AGE (In years last birthday): 79 — If Under 1 Year: Months: Days — If Under 24 Hours: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Duties
10B. KIND OF BUSINESS OR INDUSTRY: At Home
11. BIRTHPLACE (State or foreign country): Baltimore Md
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Frank Quint
14. MOTHER'S MAIDEN NAME: Caroline Burger
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): no — (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: none
17. INFORMANT: Myrtle Holmes — ADDRESS: 1052 S. Beechfield Ave

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 6 days

DUE TO

ANTECEDENT CAUSES

(B) Cerebral arteriosclerosis

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C) Arteriosclerotic cardiovascular disease

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Rt hemiplegia — 6 days

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/6, 1950, to 12/12, 1950 that I last saw the deceased alive on 12/12, 1950 and that death occurred at 11:30 A m., from the causes and on the date stated above.

23A. SIGNATURE: Marguerite Louise Candler M. D.
23B. ADDRESS: Maryland General Hosp
23C. DATE SIGNED: 12/12/50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: Dec 15. 1950
24C. NAME OF CEMETERY OR CREMATORY: New Cathedral
24D. LOCATION (City, town, or county) (State): Baltimore Md

DATE RECEIVED BY LOCAL REGISTRAR: DEC 14 1950
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Mr. & Mrs. John W. Teufel Lou 5311
ADDRESS: Edmondson Ave

VS 150

937

J-525
50-10673

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50-10673

1. NAME OF DECEASED (Type or Print): Ida Mae Johnson

2. DATE OF DEATH: 12-11-50

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Provident Hospital
C. Length of stay in Baltimore: 64 years (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY: Balto.
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Towson
D. STREET ADDRESS (If rural, give location): 385 Hillen Road 5300

5. SEX: F
6. COLOR OR RACE: C
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED
8. DATE OF BIRTH: 3-29-86
9. AGE (In years last birthday): 64 63 — If Under 1 Year: Months, Days; If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Balto. Co. Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Thomas Scovins
14. MOTHER'S MAIDEN NAME: Laura ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None

17. INFORMANT: Ida Mae Rose — ADDRESS: 385 Hillen Rd.

MEDICAL CERTIFICATION

18. 443X

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral Thrombosis — 5 days

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Hypertensive Cardiovascular disease — ?

DUE TO

(C) Generalized Arteriosclerosis — ?

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Pulmonary Edema & Congestion — 5 days

19A. DATE OF OPERATION: —
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12-6-, 1950 *to* 12-11-, 1950 *that I last saw the deceased alive on* 12-11-, 1950, *and that death occurred at* 3:45 A *m., from the causes and on the date stated above.*

23A. SIGNATURE: J. H. Pinkney M. D.
23B. ADDRESS: Provident Hosp.
23C. DATE SIGNED: 12-14-50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12/14/1950
24C. NAME OF CEMETERY OR CREMATORY: Pleasant Rest
24D. LOCATION (City, town, or county) (State): Balto. Co. Md.

DATE RECEIVED BY LOCAL REGISTRAR: DEC 14 1950
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Holland Funeral Home
ADDRESS: 1631 Druid Hill Ave.

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 352

50-10674

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 50-10674

1. NAME OF DECEASED (Type or Print): ELMER GITTINGS

2. DATE OF DEATH: December 11, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Provident Hospital
C. Length of stay in Baltimore: 51 Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 1418 Madison Avenue

5. SEX: male
6. COLOR OR RACE: colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Divorced
8. DATE OF BIRTH: March 14, 1896
9. AGE (In years last birthday): 54
If Under 1 Year: Months: Days
If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Tailor
10B. KIND OF BUSINESS OR INDUSTRY: Cleaning & Dyeing
11. BIRTHPLACE (State or foreign country): Balto. Md.
12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: George Gittings
14. MOTHER'S MAIDEN NAME: Ella Watson

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): Yes
(If yes, give war or dates of service): I
16. SOCIAL SECURITY NO.: 217-07-6176
17. INFORMANT: Mrs Pauline Kelso
ADDRESS: 2289 Druid Hill Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Arteriosclerotic cardiovascular disease
DUE TO
(B)
DUE TO
(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* Inquiry & Inspection (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☒, *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

23A. SIGNATURE: Stanley H. Duncan M.D.
23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR ☐
23C. DATE SIGNED: Dec. 12, 1950

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12/15/50
24C. NAME OF CEMETERY OR CREMATORY: Balto. National
24D. LOCATION (City, town, or county) (State): Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR: DEC 14 1950
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Stallard & Funeral Home
ADDRESS: 1631 Druid Hill Ave.

590 BC

VS 151

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be furnished if supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

B-530
50-10675

50-10675

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): James Bond

2. DATE OF DEATH: 12/13/50

3. PLACE OF DEATH:
A. State: Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mercy Hospital
C. Length of stay in Baltimore: Yrs. Mos. Days — MD.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 11-02
D. STREET ADDRESS (If rural, give location): 153 W. Lanvale St.

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED
8. DATE OF BIRTH: JAN. 6, 1877
9. AGE (In years last birthday): 73 — If Under 1 Year: Months: Days: If Under 24 Hours: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Physician
10B. KIND OF BUSINESS OR INDUSTRY: MEDICAL
11. BIRTHPLACE (State or foreign country): MD.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: JAMES A.C. BOND
14. MOTHER'S MAIDEN NAME: SALINA FIDDIS
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): YES
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: MRS. F.H. DIGGES — ADDRESS: 3415 DUVALL AVE.

MEDICAL CERTIFICATION

1B. 420.1

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Pulmonary edema

DUE TO

ANTECEDENT CAUSES

(B) Cardiac decompensation — 2 days

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO Acute myocardial infarction

due to (C) Hypertensive Cardiovascular Disease

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Traumatic pneumothorax, left — 6 days

19A. DATE OF OPERATION: x
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12/8/50, 19__, *to* 12/13, 1950; *that I last saw the deceased alive on* 12/13, 1950, *and that death occurred at* 8A *m., from the causes and on the date stated above.*

23A. SIGNATURE: Paul J. Rudnick M. D.
23B. ADDRESS: Mercy Hosp.
23C. DATE SIGNED: 12/14/50

24A. BURIAL, CREMATION, REMOVAL (Specify): CREMATION
24B. DATE: 12-14-1950
24C. NAME OF CEMETERY OR CREMATORY: GREENMOUNT
24D. LOCATION (City, town, or county) (State): BALTO. MD.

DATE RECEIVED BY LOCAL REGISTRAR: DEC 14 1950
REGISTRAR'S SIGNATURE:
25. FUNERAL DIRECTOR: H.W. JENKINS & SONS CO. — ADDRESS: 4905 YORK RD.

VS 150

07580

93D

MARGIN RESERVED FOR BINDING

PLEASE WRITE FIRMLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

K-416
50-10676

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50-10676
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Otto F Kolberg

2. DATE OF DEATH: 12/13/50

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1711 Pedota Rd
C. Length of stay in Baltimore: 1914 Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: 1711 De Pota rd
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore Md. 25-52
D. STREET ADDRESS (If rural, give location)

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Matilda Kolberg
8. DATE OF BIRTH: Sept 7, 1877
9. AGE (In years last birthday): 73
If Under 1 Year: Months: Days
If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Machinist
10B. KIND OF BUSINESS OR INDUSTRY: catalyst Res Corp CHEMICALS (M)
11. BIRTHPLACE (State or foreign country): Germany
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: unknown
14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 214-03-2808
17. INFORMANT: Mrs Matilda Kolberg
ADDRESS: 1711 Dedota rd

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Carcinoma of the stomach — INTERVAL BETWEEN ONSET AND DEATH:

DUE TO

ANTECEDENT CAUSES

(B) with metastasis — Approx 9 mos.

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., In or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12/1, 1950, *to* 12/13, 1950, *that I last saw the deceased alive on* 12/13, 1950 *and that death occurred at* 11 p. m., *from the causes and on the date stated above.*

23A. SIGNATURE: Herbert J. Lirchos M. D.
23B. ADDRESS: 5305 East Drive
23C. DATE SIGNED: 12/14/50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12/16/50
24C. NAME OF CEMETERY OR CREMATORY: Meadow Ridge
24D. LOCATION (City, town, or county) (State): Washington Blvd.

DATE RECEIVED BY LOCAL REGISTRAR: DEC 14 1950
REGISTRAR'S SIGNATURE: Martin for Williams, M.
25. FUNERAL DIRECTOR: Charles P. Towell
ADDRESS: 2427 Edmondson Ave

5444R

4613

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given or supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

H-320

50-10677

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50-10677

Registered No.

1. NAME OF DECEASED (Type or Print): ALICE G. HETZ

2. DATE OF DEATH: Dec. 12, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): HARFORD NURSING HOME
C. Length of stay in Baltimore: Yrs. Life Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 8-05
D. STREET ADDRESS (If rural, give location): 1904 E. lafayette Avenue

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH:
9. AGE (In years last birthday): 77 | If Under 1 Year: Months: Days | If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework
10B. KIND OF BUSINESS OR INDUSTRY: at home
11. BIRTHPLACE (State or foreign country): Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Andrew Hetz
14. MOTHER'S MAIDEN NAME: Dora Clemm

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT: Mrs. Phylis Seibold ADDRESS: Greenway Apts.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 1 day

DUE TO

(B) Arteriosclerotic Cardio Vascular Disease — 12 M nuths

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5-Dec, 1949 *to* 12-Dec, 1950, *that I last saw the deceased alive on* 12-Dec, 1950, *and that death occurred at* 9:30 *m., from the causes and on the date stated above.*

23A. SIGNATURE: Chas W. Edmunds M. D.
23B. ADDRESS: 2746 The Alameda
23C. DATE SIGNED: 14-Dec-50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12/14/50
24C. NAME OF CEMETERY OR CREMATORY: Baltimore Cemetery
24D. LOCATION (City, town, or county) (State): Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR: DEC 14 1950
REGISTRAR'S SIGNATURE: Winifred for Williams M.D.
25. FUNERAL DIRECTOR: HENRY SANDER & SONS, INC. BALTO., 13, MD.
ADDRESS: Henry J. Sander

VS 150

937

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given if supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

G-600 SUBJECT TO APPROVAL OF MEDICAL EXAMINER /

50-10678

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 50-10678

BIRTH NO.

1. NAME OF DECEASED (Type or Print): GARY, GEORGIA L.

2. DATE OF DEATH: 13 DEC. 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): LUTHERAN HOSPITAL
C. Length of stay in Baltimore (Yrs. Mos. Days): LIFE

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MD.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits write RURAL and give township): BALTIMORE
D. STREET ADDRESS (If rural, give location): 314 MT. HOLLY ST.

2007

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widow
8. DATE OF BIRTH: 1-25-87
9. AGE (In years last birthday): 63
If Under 1 Year: Months / Days
If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): MD.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Sank
14. MOTHER'S MAIDEN NAME:

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Mr. William E. Gary, 314 Mt. Holly St. ADDRESS

MEDICAL CERTIFICATION

18. 561.2 I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

(A) GANGRENE, SMALL INTESTINES

DUE TO

(B) STRANGULATED UMBILICAL HERNIA — APPROX. 5 DAYS

DUE TO

(C) Peritonitis

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

CERTIFICATION APPROVED BY
Stanley H. Dunbar M. D.
~~CHIEF OR~~ ASST. MEDICAL EXAMINER.

19A. DATE OF OPERATION: 13 DEC. 1950
19B. MAJOR FINDINGS OF OPERATION: STRANGULATED UMBILICAL HERNIA
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 13 DEC, 1950, *to* 13 DEC, 1950, *that I last saw the deceased alive on* 13 DEC, 1950, *and that death occurred at* 2:10 P *m., from the causes and on the date stated above.*

23A. SIGNATURE: Lewis A. O'Hare M. D.
23B. ADDRESS: Lutheran Hosp.
23C. DATE SIGNED: 13 Dec 1950

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12/16/50
24C. NAME OF CEMETERY OR CREMATORY: New Cathedral, 4300 Old
24D. LOCATION (City, town, or county) (State): Frederick Rd. Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR: DEC 14 1950
REGISTRAR'S SIGNATURE: Christopher Williams, M.
25. FUNERAL DIRECTOR: Harry A. Wirtz
ADDRESS: 4101 Edmondson Ave.

VS 150

122a

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G

616

50-10679

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X

Registered No. 50-10679

1. NAME OF DECEASED (Type or Print): Charles W. Gruber

2. DATE OF DEATH: December 13, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): THE JOHNS HOPKINS HOSPITAL
C. Length of stay in Baltimore: Yrs. Mos. Days

37

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY: Anne Arundel
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Brambrills (Brambrills)
D. STREET ADDRESS (If rural, give location): 5200

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 2-22-07
9. AGE (In years last birthday): 43 — If Under 1 Year: Months, Days — If Under 24 Hours: Hours, Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY: U. S. Gov't.
11. BIRTHPLACE (State or foreign country): New Orleans
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Charles W. Gruber
14. MOTHER'S MAIDEN NAME: Ursla Gill
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Wife, Ruth C. Gruber, ADDRESS: New Orleans, La.
THE JOHNS HOPKINS HOSPITAL

MEDICAL CERTIFICATION

18. 292.4

CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Massive cerebral haemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 8 hours.

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) ~~Myelofibrosis~~ . Pancytopenia

DUE TO

(C) Myelofibrosis

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12-1, 1950, *to* 12-13, 1950, *that I last saw the deceased alive on* 12-13, 1950 *and that death occurred at* 6 50 P. *m., from the causes and on the date stated above.*

23A. SIGNATURE: William P. McKeever M. D.
23B. ADDRESS: THE JOHNS HOPKINS HOSPITAL
23C. DATE SIGNED: Dec. 13. 50

24A. BURIAL, CREMATION, REMOVAL (Specify): Removal
24B. DATE: 12/ /50
24C. NAME OF CEMETERY OR CREMATORY: Metaire Ridge Cemty.
24D. LOCATION (City, town, or county) (State): New Orleans, La.

DATE RECEIVED BY LOCAL REGISTRAR: DEC 14 1950
REGISTRAR'S SIGNATURE: Huntington Williams M.D.
25. FUNERAL DIRECTOR: Harry F. Kurtz
ADDRESS: 4101 Edmondson Ave.

VS 150

91

83a

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

M-322

REA-127351

50-10680

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 50-10680

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Michael Matuszewski

2. DATE OF DEATH: Dec. 13, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Baltimore City Hospitals 4940 Eastern Avenue
c. Length of stay in Baltimore: 40 yrs. (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A. STATE: Maryland
B. COUNTY: 8 04
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 2206 Henneman Street

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: ? ? 1883
9. AGE (In years last birthday): 67 ? (If Under 1 Year: Months, Days; If Under 24 Hours: Hours, Min.)

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10B. KIND OF BUSINESS OR INDUSTRY: Genl.
11. BIRTHPLACE (State or foreign country): Poland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Alexander
14. MOTHER'S MAIDEN NAME: Mary

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Records: B. C. H. ADDRESS: 4940 Eastern Avenue

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Lobular Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 3 days
DUE TO
ANTECEDENT CAUSES
(B)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
DUE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ No ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3-28, 1949 *to* 12-13, 1950, *that I last saw the deceased alive on* 12-13, 1950, *and that death occurred at* 1:20A *m., from the causes and on the date stated above.*

23A. SIGNATURE: [signature] M. D.
23B. ADDRESS: 4940 Eastern Avenue
23C. DATE SIGNED: 12-13-50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: Dec 16/50
24C. NAME OF CEMETERY OR CREMATORY: Holy Rosary
24D. LOCATION (City, town, or county) (State): Balto. County

DATE RECEIVED BY LOCAL REGISTRAR: DEC 14 1950
REGISTRAR'S SIGNATURE: Huntington Williams, M.
25. FUNERAL DIRECTOR: John M. Weber
ADDRESS: 401 S. Chester Stn

VS 150

97099

107

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

240

50-10681

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 50-10681

1. NAME OF DECEASED (Type or Print): Louis C. Vogel

2. DATE OF DEATH: Dec. 11-1950

3. PLACE OF DEATH: A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 512 S. Curley St.

C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)

A. STATE: Maryland B. COUNTY:

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore

D. STREET ADDRESS (If rural, give location): 512 S. Curley St.

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): widowed

8. DATE OF BIRTH: Nov. 25. 1894

9. AGE (In years last birthday): 56 | If Under 1 Year: Months Days | If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Insurance Agt.

10B. KIND OF BUSINESS OR INDUSTRY: Prudential

11. BIRTHPLACE (State or foreign country): Baltimore Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Charles Vogel

14. MOTHER'S MAIDEN NAME: Elizabeth Heider

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Mrs. Margaret Vogel

ADDRESS: 512 S. Curley

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Congestive Heart Failure — INTERVAL BETWEEN ONSET AND DEATH: 4 mos.

DUE TO

(B) Myocarditis — 6 mos.

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: None

19B. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify): No

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 1, 1950, *to* Dec. 11, 1950, *that I last saw the deceased alive on* 12/11/, 1950, *and that death occurred at* 8:30 P *m., from the causes and on the date stated above.*

23A. SIGNATURE: Thomas J. Mitz M. D.

23B. ADDRESS: 3809 Greenmount Ave

23C. DATE SIGNED: 12/12/50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial

24B. DATE: 12/15/50

24C. NAME OF CEMETERY OR CREMATORY: Holy Redeemer

24D. LOCATION (City, town, or county) (State): Balto Md

DATE RECEIVED BY LOCAL REGISTRAR: DEC 14 1950

REGISTRAR'S SIGNATURE: Winfrey for Williams M.D.

25. FUNERAL DIRECTOR: J. Chuck

ADDRESS: 5305 Harford Ca

VS 150

45073

93E

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Dr. White
3809 Greenmount

P 600 Perry

50-10682

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 50-10682

BIRTH NO.

1. NAME OF DECEASED (Type or Print): John D. Perry

2. DATE OF DEATH: 12-13-50

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Univ. Hosp. - Balto Md.

C. Length of stay in Baltimore: — Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): 14
D. STREET ADDRESS (If rural, give location): 5215 Catalpha Rd.

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): W

8. DATE OF BIRTH: May 26 1870

9. AGE (In years last birthday): ~~77~~ 80 — If Under 1 Year: Months, Days — If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): WATCHMAN

10B. KIND OF BUSINESS OR INDUSTRY: Arundel Cont Co

11. BIRTHPLACE (State or foreign country): M.C.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John (W) Perry

14. MOTHER'S MAIDEN NAME: Margaret Von Teague

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 220-09-3567

17. INFORMANT: Mr. Charles S. Perry Sr. ADDRESS: 4221 Vermont Av

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) 331X

(A) Cerebral - Vascular

DUE TO

ANTECEDENT CAUSES

(B) Accident - on arteri -

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C) Sclerotic - hypertension bowi

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. tons

19A. DATE OF OPERATION: —

19B. MAJOR FINDINGS OF OPERATION: 0

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH: —

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12-13-50, 19__, *to* 12-13-50, 19__, *that I last saw the deceased alive on* 12-13-50, 19__, *and that death occurred at* 8:30 *p.m., from the causes and on the date stated above.*

23A. SIGNATURE: Joseph B. Brownlow M. D.

23B. ADDRESS: Univ. Hosp. Balto

23C. DATE SIGNED: 12/13/50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial

24B. DATE: 12/16/50

24C. NAME OF CEMETERY OR CREMATORY: New Cathedral

24D. LOCATION (City, town, or county) (State):

DATE RECEIVED BY LOCAL REGISTRAR: DEC 14 1950

REGISTRAR'S SIGNATURE: Lucille Williams, M.D.

25. FUNERAL DIRECTOR: Leonard Hecks & Son ADDRESS: 5305 Harford Rd

VS 150

83a

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be [illegible] supplied. The correct age is especially important. Physicians: please write the causes of death clearly and [illegible]ly.

P 600
50-10683

50-10683

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Mary Ann Perry

2. DATE OF DEATH: 13 December 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Joseph Hospital
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 5215 Catalpha Road

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year Months	Days	If Under 24 Hours Hours	Min.
Female	White	Married	Oct. 7-1867	83				

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
at home		Alabama	

13. FATHER'S NAME: Charles M. Frampter

14. MOTHER'S MAIDEN NAME: Mary Fallon

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Charles S. Perry

ADDRESS: 4221 Vermont Ave.

MEDICAL CERTIFICATION

18. 443X

CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Congestive Heart Failure Left ventricular — INTERVAL BETWEEN ONSET AND DEATH: 2 wks

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Hypertension — over 2 yrs.

DUE TO

(C) Arteriosclerosis — over 2 yrs.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Eczema Chronic. — 2 yrs.

19A. DATE OF OPERATION: —

19B. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April 20 *19*44, *to* 8 December *19*50, *that I last saw the deceased alive on* 8 December *19*50, *and that death occurred at* 11 *A.m., from the causes and on the date stated above.*

23A. SIGNATURE: [signature] M. D.

23B. ADDRESS: 5600 Harford Rd

23C. DATE SIGNED: 13 December

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial

24B. DATE: 12/15/50

24C. NAME OF CEMETERY OR CREMATORY: New Cathedral

24D. LOCATION (City, town, or county) (State): Balto Md

DATE RECEIVED BY LOCAL REGISTRAR: DEC 14 1950

REGISTRAR'S SIGNATURE: Washington Williams, M.D.

25. FUNERAL DIRECTOR: L. J. Luck

ADDRESS: 5305 Harford Rd

VS 150

93D

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F652

50-10684

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 50-10684

1. NAME OF DECEASED (Type or Print): GEORGE J. FRANK

2. DATE OF DEATH: December 13, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Doctor's Hospital
C. Length of stay in Baltimore: Life (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 420 S. Madeira Street

105

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: April 7, 1892
9. AGE (In years last birthday): 58 — If Under 1 Year: Months Days — If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Installation Man
10B. KIND OF BUSINESS OR INDUSTRY: Oil Burner
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: George Frank
INSTALLATION CONT.
14. MOTHER'S MAIDEN NAME: Frances Beil

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Mrs. Frances Frank
ADDRESS: 420 S. Madeira Street

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Cardio Respiratory Failure
DUE TO Carcinoma Lung, Left.

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B)
DUE TO
(C)

INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 6/10, 1950, *to* 12/13, 1950, *that I last saw the deceased alive on* 12/12, 1950, *and that death occurred at* 2:30 Am., *from the causes and on the date stated above.*

23A. SIGNATURE: Michael Jamowski M. D.
23B. ADDRESS: 2711 Aisquith Ave.
23C. DATE SIGNED: 12/14/50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12/16/50
24C. NAME OF CEMETERY OR CREMATORY: St. Stanislaus
24D. LOCATION (City, town, or county) (State): Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR: DEC 14 1950
REGISTRAR'S SIGNATURE: Washington Williams, M
25. FUNERAL DIRECTOR: M. F. Sadowski & Sons
ADDRESS: 1808 Eastern Avenue

VS 150

55424 Charles V. Sadowski 47

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

S-620

50-10685

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50-10685

Registered No.

1. NAME OF DECEASED (Type or Print): Madeline R. Scheurich

2. DATE OF DEATH: Dec. 13-1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2115 Lake Montebello
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 9-02
D. STREET ADDRESS (If rural, give location): 2115 Lake Montebello Ter.

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: June 22-1896
9. AGE (In years last birthday): 54
If Under 1 Year: Months: Days
If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): at home
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Rudolph T. Wiseman
14. MOTHER'S MAIDEN NAME: Amelia J. Braun

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: M. Joseph Scheurich ADDRESS: 2115 Lake Montebello

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Carcinoma R. Breast.

DUE TO

(B) Metastases to Ribs &

DUE TO

(C) Pulmonary metastasis.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. —

19A. DATE OF OPERATION: October 1947
19B. MAJOR FINDINGS OF OPERATION: Carcinoma R. Breast.
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify): —
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.): —
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): —

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.: —
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from Oct 15, 1947, to Dec 13, 1950, that I last saw the deceased alive on 12/12, 1950, and that death occurred at 7:30 a. m., from the causes and on the date stated above.

23A. SIGNATURE: John C. Scheurich M. D.
23B. ADDRESS: 1337 S. Charles St.
23C. DATE SIGNED: 12/14/50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12/16/50
24C. NAME OF CEMETERY OR CREMATORY: Holy Cross
24D. LOCATION (City, town, or county) (State): G. G. Md

DATE RECEIVED BY LOCAL REGISTRAR: DEC 14 1950
REGISTRAR'S SIGNATURE: Washington Williams M.D.
25. FUNERAL DIRECTOR: L. J. Luck
ADDRESS: 5305 Harford Rd

VS 150

50

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Dr. John Schenck
1339 S Charles

D-1 520

CERTIFICATE CORRECTED 1-4-51

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 50-10686

BIRTH NO. 50-10686

1. NAME OF DECEASED (Type or Print): JOHN DENNIS

2. DATE OF DEATH: December 9, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Johns Hopkins Hospital
C. Length of stay in Baltimore: – Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Virginia
B. COUNTY:
C. CITY OR TOWN: Norfolk (If outside corporate limits, write RURAL and give township)
D. STREET ADDRESS (If rural, give location): 109 Tazewell Street

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): –
8. DATE OF BIRTH: 1892
9. AGE (In years last birthday): 58
If Under 1 Year: Months: Days: If Under 24 Hours: Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): –
10B. KIND OF BUSINESS OR INDUSTRY: –
11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: –
14. MOTHER'S MAIDEN NAME: –

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: –
17. INFORMANT: ADDRESS: Ewell & Williamson Funeral Home, Norfolk, Va.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) 420.1

(A) Coronary artery sclerosis

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* Insp. & Inquiry (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from:* natural causes ☒, *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

23A. SIGNATURE: Stanley F. Dunlacher M.D.
23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR ☐
23C. DATE SIGNED: 12-14-50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 11-16-50
24C. NAME OF CEMETERY OR CREMATORY: Norfolk, Va.
24D. LOCATION (City, town, or county) (State): Norfolk Va.

DATE RECEIVED BY LOCAL REGISTRAR: DEC 14 1950
REGISTRAR'S SIGNATURE: Lucy Jor Williams, M.D.
25. FUNERAL DIRECTOR: Howard H. Lunland
ADDRESS: 2503 Edmondson Ave.

V S 151

94a

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

Z-452
50-10687

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50-10687

Registered No.

1. NAME OF DECEASED (Type or Print): FELIX PETER ZELINSKAS

2. DATE OF DEATH: December 12, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Johns Hopkins Hospital
c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
3-02
D. STREET ADDRESS (If rural, give location): 30 Albemarle Street

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify):
8. DATE OF BIRTH:
9. AGE (In years last birthday): 60 — If Under 1 Year: Months: Days: — If Under 24 Hours: Hours: Min.:
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): UNKNOWN
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country):
12. CITIZEN OF WHAT COUNTRY?:
13. FATHER'S NAME:
14. MOTHER'S MAIDEN NAME:
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: ADDRESS:

MEDICAL CERTIFICATION

CAUSE OF DEATH

18. 422.1

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Arteriosclerotic cardiovascular disease

DUE TO

ANTECEDENT CAUSES

(B) Pulmonary Emphysema

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* Inquiry & Inspection (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☒, *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

23A. SIGNATURE: William V. Brott M.D.
23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR ☐
23C. DATE SIGNED: Dec. 13, 1950

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12-14-50
24C. NAME OF CEMETERY OR CREMATORY: Sacred Heart
24D. LOCATION (City, town, or county) (State): Germantown Rd

DATE RECEIVED BY LOCAL REGISTRAR: DEC 14 1950
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: J J Fahey & Sons
ADDRESS: 1318 Light St
930

VS 151

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be [illegible] supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

S-1000

Shay

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. 50-10688 X.R.

Registered No. 50-10688

1. NAME OF DECEASED (Type or Print) Ethel Diane Shay

2. DATE OF DEATH Dec. 14, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) THE JOHNS HOPKINS HOSPITAL

C. Length of stay in Baltimore Yrs. Mos. Days 14

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A. STATE Florida B. COUNTY V-08

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Gainesville

D. STREET ADDRESS (If rural, give location) Rt 3 Box 106

5. SEX Female

6. COLOR OR RACE white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH 9-1-47

9. AGE (In years last birthday) 3 | If Under 1 Year: Months, Days | If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NONE

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Kentucky

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME John Shay

14. MOTHER'S MAIDEN NAME Leona Lee

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT THE JOHNS HOPKINS HOSPITAL ADDRESS THE JOHNS HOPKINS HOSPITAL

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) 754.4

(A) Congenital heart disease, cyanotic type, single ventricle and pulmonic stenosis.

DUE TO

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C)

INTERVAL BETWEEN ONSET AND DEATH: Congenital

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 12-14-50

19B. MAJOR FINDINGS OF OPERATION as above

20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12/4, 1950, *to* 12/14, 1950, *that I last saw the deceased alive on* 12/14, 1950, *and that death occurred at* 12 PM *m., from the causes and on the date stated above.*

23A. SIGNATURE A. S. Morrow M. D.

23B. ADDRESS THE JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED 12-14-50.

24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL

24B. DATE 12-17-50

24C. NAME OF CEMETERY OR CREMATORY Antioch Cemy.

24D. LOCATION (City, town, or county) (State) Gainesville, Fla.

DATE RECEIVED BY LOCAL REGISTRAR DEC 14 1950

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR John O. Mitchell Sons

ADDRESS 908 Eutaw St.

VS 150

157E

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

P-232

50-10689
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

X Registered No. 50-10689

1. NAME OF DECEASED (Type or Print): ALEXANDER PUSZAITIS
2. DATE OF DEATH: December 13, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland Balto.
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): University Hospital
C. Length of stay in Baltimore: 40 yrs (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: Baltimore
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lansdowne
D. STREET ADDRESS (If rural, give location): 2806 New York Avenue 5300

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Sept 1885
9. AGE (In years last birthday): 65 — If Under 1 Year: Months, Days — If Under 24 Hours: Hours, Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Presser
10B. KIND OF BUSINESS OR INDUSTRY: Cloth Mfg.
11. BIRTHPLACE (State or foreign country): Lith.
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: ? Puszaitis
14. MOTHER'S MAIDEN NAME: ?
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): —
(If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: 215-01-5386
17. INFORMANT: Stella Puszaitis — ADDRESS: 2806 New York av

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Hypertensive cardiovascular disease — INTERVAL BETWEEN ONSET AND DEATH
DUE TO
ANTECEDENT CAUSES
(B)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
DUE TO
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

443X

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* Insp. & Inquiry (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from:* natural causes ☒, *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

23A. SIGNATURE: William V. Scott M.D.
23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR ☐
23C. DATE SIGNED: 12-13-50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12/16/50
24C. NAME OF CEMETERY OR CREMATORY: Holy Redeemer Cem
24D. LOCATION (City, town, or county) (State): Belair Rd Md

DATE RECEIVED BY LOCAL REGISTRAR: DEC 15 1950
REGISTRAR'S SIGNATURE: Huntington Williams
25. FUNERAL DIRECTOR: Joseph Kasemskas
ADDRESS: 602 Wash

VS 151

690 4G 93D Bel

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be furnished if supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

W-200
50-10690

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50-10690

BIRTH NO.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. NAME OF DECEASED (Type or Print): Guido William Weis

2. DATE OF DEATH: December 13, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1749 CLARKSON ST.
c. Length of stay in Baltimore: 40 Yrs. ~~Mos.~~ ~~Days~~

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY: 23-03
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BALTIMORE
D. STREET ADDRESS (If rural, give location): 1749 CLARKSON ST

5. SEX: MALE
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: JANUARY 3, 1877
9. AGE (In years last birthday): 73 | If Under 1 Year: Months: Days | If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Sheet Metal Worker
10B. KIND OF BUSINESS OR INDUSTRY: Construction
11. BIRTHPLACE (State or foreign country): Richmond, Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Henry Weis
14. MOTHER'S MAIDEN NAME: ADA Nichols

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): NO
(If yes, give war or dates of service): NONE
16. SOCIAL SECURITY NO.: 213-05-6329
17. INFORMANT: MRS AMANDA Weis
ADDRESS: 1749 CLARKSON

MEDICAL CERTIFICATION

18. 420.1

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) Coronary Infarction — Interval between onset and death: less than 12 hours

DUE TO

(B) Arteriosclerosis of Coronary Vessels — Interval between onset and death: unknown

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.
Chronic Bronchitis + Pulmonary Emphysema — 8 years

19A. DATE OF OPERATION: —
19B. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June 15, 1947, *to* Dec 13th, 1950, *that I last saw the deceased alive on* December 5, 1950, *and that death occurred at* 10:15 A m., *from the causes and on the date stated above.*

23A. SIGNATURE: Melvin N Borden M. D.
23B. ADDRESS: 2030 W. Fayette St
23C. DATE SIGNED: 12/13/50

24A. BURIAL, CREMATION, REMOVAL (Specify): B.
24B. DATE: 12-16-50
24C. NAME OF CEMETERY OR CREMATORY: Cedar Hill
24D. LOCATION (City, town, or county) (State): Baltimore

DATE RECEIVED BY LOCAL REGISTRAR: DEC 15 1950
REGISTRAR'S SIGNATURE: Lillington Williams M.D.
25. FUNERAL DIRECTOR: James D. McCeney
ADDRESS: 130 E. Fort Ave.

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J 250
50-10691

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50-10691
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): JOHN JACKSON

2. DATE OF DEATH: December 12, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland Balto. city
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1126 E. Lombard Street
C. Length of stay in Baltimore 20 yrs. (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 1126 E. Lombard Street

5. SEX: Male
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: Sept. 19-1881
9. AGE (In years last birthday): 69 — If Under 1 Year: Months, Days — If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Helper
10B. KIND OF BUSINESS OR INDUSTRY: Barber Shop
11. BIRTHPLACE (State or foreign country): Ala.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: unknown
14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Thomas, Brooks 1126 E. Lombard St — ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH
DUE TO

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B) Generalized arteriosclerosis
DUE TO
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

420.1

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* Inquiry & Inspection (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☒, *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

23A. SIGNATURE: William [illegible] M.D.
23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR ☐
23C. DATE SIGNED: Dec. 13, 1950

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12-15-50
24C. NAME OF CEMETERY OR CREMATORY: Mt Calvary cem
24D. LOCATION (City, town, or county) (State): Brooklyn md

DATE RECEIVED BY LOCAL REGISTRAR: DEC 15 1950
REGISTRAR'S SIGNATURE: [illegible]
25. FUNERAL DIRECTOR: Elroy O. Wilson — ADDRESS: 1000 Brantley

VS 151

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be furnished, if supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

W 362

50-10692

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 50-10692

1. NAME OF DECEASED (Type or Print): EDWARD T. WATERS

2. DATE OF DEATH: December 11, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Franklin Square Hospital
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 19-01
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 1429 W. Mulberry Street

5. SEX: male
6. COLOR OR RACE: colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 2-8-1866
9. AGE (In years last birthday): 84 | If Under 1 Year: Months, Days | If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Captain
10B. KIND OF BUSINESS OR INDUSTRY: water
11. BIRTHPLACE (State or foreign country): Pocomoke City Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Little Waters
14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): no
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Cecil Waters | ADDRESS: 1429 W. Mulberry St

MEDICAL CERTIFICATION

CAUSE OF DEATH

18. I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) 157X

(A) Carcinoma of head of pancreas with metastasis to liver

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* Inquiry & Inspection (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☒, *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

23A. SIGNATURE: William H. Foveth M.D.
23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR ☐
23C. DATE SIGNED: Dec. 11, 1950

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12-17-50
24C. NAME OF CEMETERY OR CREMATORY
24D. LOCATION (City, town, or county) (State): Pocomoke City Md

DATE RECEIVED BY LOCAL REGISTRAR: DEC 15 1950
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Elroy O. Wilson | ADDRESS: 1001 Bradley Ave

468

VS 151

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

320
50-10693

Matthews

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50-10693
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Mary Harland Matthews

2. DATE OF DEATH: Dec 15, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland 2001 Park Ave
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Taylor Home
C. Length of stay in Baltimore Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 2001 Park Ave

13.02

5. SEX: F
6. COLOR OR RACE: W
7. ~~SINGLE~~, MARRIED, WIDOWED, ~~DIVORCED~~ (Specify)
8. DATE OF BIRTH: Jan 4 1858
9. AGE (In years last birthday): 92 | If Under 1 Year: Months, Days | If Under 24 Hours: Hours, Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Harford Co. Md
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Unknown
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Miss Frances Matthews | ADDRESS: 1717 N. Calvert St Balto

MEDICAL CERTIFICATION

18. 157 X

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) Electrolyte disturbance (alkalosis) — INTERVAL BETWEEN ONSET AND DEATH: 3 days.

DUE TO

(B) Intestinal & Biliary obstruction — 1 mo.

DUE TO

(C) Carcinoma of pancreas. — ? mos.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Old age & arteriosclerosis.

19A. DATE OF OPERATION 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19 40, *to* Dec. 15, 19 50, *that I last saw the deceased alive on* 12/14/, 19 50, *and that death occurred at* 6:15 A.m., *from the causes and on the date stated above.*

23A. SIGNATURE: Robt B. Dreyfuss M.D. M. O.
23B. ADDRESS: Medical Art Bldg.
23C. DATE SIGNED: 12/15/50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: Dec 18, 1950
24C. NAME OF CEMETERY OR CREMATORY: Gunpowder Friends
24D. LOCATION (City, town, or county) (State): Sparks, Maryland

DATE RECEIVED BY LOCAL REGISTRAR: DEC 15 1950
REGISTRAR'S SIGNATURE: [illegible]
25. FUNERAL DIRECTOR: Landon M. Beeler, Sparks, Md.
ADDRESS

VS 150

469

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

L-152

LIVINGSTON

50-10694

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50-10694

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): William S. Livingston

2. DATE OF DEATH: 12-12, 1950

3. PLACE OF DEATH: A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bar-Wi-Ga nursing Home 2001 W. Cold Spring Lane

C. Length of stay in Baltimore: 60 Yrs. 60 yrs Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Md B. COUNTY: 2209 Mulliken St

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Balto md 27-15

D. STREET ADDRESS (If rural, give location): 2001 Cold Spring Lane

5. SEX: Male

6. COLOR OR RACE: colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): widowed

8. DATE OF BIRTH: Dec-20-1864

9. AGE (In years last birthday): 85 86

If Under 1 Year: Months: Days: If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Md. C.

12. CITIZEN OF WHAT COUNTRY? U S a

13. FATHER'S NAME: unknown

14. MOTHER'S MAIDEN NAME: Helen Roymtree

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown):

(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: Helen Roy ADDRESS: 1421 Jefferson

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Chronic Valvular heart disease — INTERVAL BETWEEN ONSET AND DEATH: years

DUE TO

(B) arteriosclerosis

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Feb 8, 1950, *to* Dec 11, 1950, *that I last saw the deceased alive on* 12-12, 1950, *and that death occurred at* 4 a m., *from the causes and on the date stated above.*

23A. SIGNATURE: J. Edward Fisher M. D.

23B. ADDRESS: 1612 Emorsemont

23C. DATE SIGNED: 12-12/50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial

24B. DATE: 12-16-50

24C. NAME OF CEMETERY OR CREMATORY: Arbutus Memorial Park

24D. LOCATION (City, town, or county) (State): Baltimore Md.

DATE RECEIVED BY LOCAL REGISTRAR: DEC 15 1950

REGISTRAR'S SIGNATURE: Martha Jon Williams, M.D.

25. FUNERAL DIRECTOR: Holland Funeral Home

ADDRESS: 1631 Druid Hill Ave.

92D

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

H-536
50-10695

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 50-10695

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. NAME OF DECEASED (Type or Print): John C. Henderson

2. DATE OF DEATH: 12-13-50

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1514 N. Chapel Street
C. Length of stay in Baltimore: Life (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: City
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 1514 N. Chapel Street

8-06

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: July 16th 1895
9. AGE (In years last birthday): 55 — If Under 1 Year: Months 4, Days 27 — If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Boilermaker
10B. KIND OF BUSINESS OR INDUSTRY: Boilers (M)
11. BIRTHPLACE (State or foreign country): Baltimore, Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Henderson
14. MOTHER'S MAIDEN NAME: Annie Powers

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): Yes — (If yes, give war or dates of service): World War I
16. SOCIAL SECURITY NO.: 212-03-4974
17. INFORMANT: Miss. Mary Henderson — ADDRESS: 1514 N. Chapel St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Coronary Heart Disease

DUE TO

ANTECEDENT CAUSES

(B) Arteriosclerotic Cardio-Vascular Disease

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* ——, 19__, *to* ——, 19__, *that I last saw the deceased alive on* ——, 19__, *and that death occurred at* 2:05 AM *from the causes and on the date stated above.*

23A. SIGNATURE: J B Stevens M. D.
23B. ADDRESS: 3400 Erdman Ave
23C. DATE SIGNED: 12/13/50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12-16-50
24C. NAME OF CEMETERY OR CREMATORY: New Cathedral Cemetery
24D. LOCATION (City, town, or county) (State): Edmondson Ave. Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR: DEC 15 1950
REGISTRAR'S SIGNATURE: Christopher Williams, M.D.
25. FUNERAL DIRECTOR: George J. Ruth, Inc. — ADDRESS: 1735 Harford Avenue

VS 150

50330

939

MEDICAL EXAMINER'S CASE
DR. Robert McFADDEN
Per: William Brooks
CHIEF OR ASS'T. MEDICAL EXAMINER

B-425
50-10696

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 50-10696

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Vincenza Balsamo

2. DATE OF DEATH: Dec. 12, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1139 Hollins Street
c. Length of stay in Baltimore: 50 Yrs. (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: City
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 1139 Hollins Street

18-03

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Sept. 6 th 1881
9. AGE (In years last birthday): 69 — If Under 1 Year: Months 5, Days 6 — If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Italy
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Lorenzo Barone
14. MOTHER'S MAIDEN NAME: Antonina La Bono

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Liborio Balsamo — ADDRESS: 1139 Hollins St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) cerebral Embolus — INTERVAL BETWEEN ONSET AND DEATH: 3 days

DUE TO

ANTECEDENT CAUSES

(B) Myocardial Infarction — 2 weeks

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C) arteriosclerotic heart disease — 15 years

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 5, 1950, *to* Dec 12, 1950, *that I last saw the deceased alive on* Dec 12, 1950, *and that death occurred at* 2:00 P. m., *from the causes and on the date stated above.*

23A. SIGNATURE: Nathan Raveni M. D.
23B. ADDRESS: 206 S. Gilmore St.
23C. DATE SIGNED: 12-13-50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12-16-50
24C. NAME OF CEMETERY OR CREMATORY: New Cathedral Cemetery
24D. LOCATION (City, town, or county) (State): Edmondson Avenue Balto: Md.

DATE RECEIVED BY LOCAL REGISTRAR: DEC 15 1950
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: George J. Ruth, Inc. — ADDRESS: 1735 Harford Avenue

VS 150

93 D

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

K-200

50-10697

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 50-10697

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Elizabeth Williams Keys

2. DATE OF DEATH: Dec. 13, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 463 Cummings Court
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 529 Oxford Street

17-602

5. SEX: Female
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Divorced
8. DATE OF BIRTH: Sept. 4, 1890
9. AGE (In years last birthday): 60
If Under 1 Year: Months: Days
If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Domestic
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: George R. Williams
14. MOTHER'S MAIDEN NAME: Rosa Duckett

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Mr. George White
ADDRESS: 463 Cummings Court

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Hypertensive Cardiovascular Disease

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

443X

INTERVAL BETWEEN ONSET AND DEATH: ?

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 11/10 *19*47, *to* Dec 13, *19*50, *that I last saw the deceased alive on* Dec 5, *19*50 *and that death occurred at* 3:00 p.m., *from the causes and on the date stated above.*

23A. SIGNATURE: W. Garner M. D.
23B. ADDRESS: 25 S Gay St
23C. DATE SIGNED: 12/14/50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12-18-50
24C. NAME OF CEMETERY OR CREMATORY: Arbutus Memorial Park
24D. LOCATION (City, town, or county) (State): Baltimore Co., Md.

DATE RECEIVED BY LOCAL REGISTRAR: DEC 15 1950
REGISTRAR'S SIGNATURE: Lillington Williams M.D.
25. FUNERAL DIRECTOR: Mrs. Francis A. Hensley
ADDRESS: 578 W. Biddle St.

VS 150

720 FA

93D

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given if supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

A4Co. 5-31 250B

V-452 50-10698

HEALTH DEPARTMENT—CITY OF BALTIMORE

50-10698

CERTIFICATE OF DEATH

442X

1. PLACE OF DEATH

Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 620 Lanvale Ave St., ... Ward)

Length of residence in city or town where death occurred ..... yrs. ? mos. ..... ds. How long in U.S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Henry Williams WILLIAMS 4-02

(a) Residence: No. 620 Lanvale Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. Color or Race Colored
5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lottie Williams

0. DATE OF BIRTH (month, day, year)

7. AGE 80 Years 89 Months 0 Days 0 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. General Labor
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. General
10. Date deceased last worked at this occupation (month and year) ?
11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) Unknown Home (State or country)

FATHER

13. NAME Unknown
14. BIRTHPLACE (city or town) Unknown (State or country)

MOTHER

15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) Unknown (State or country)

17. INFORMANT Mrs Lottie Williams (Address) 620 Lanvale Ave

18. BURIAL, CREMATION, OR REMOVAL
Place UNIVERSITY MEDICAL SCHOOL Date NOV 27 1950

19. UNDERTAKER Commissioner of Health (Address)

20. FILED DEC 15 1950 19..... Registrar. 97099

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 14, 1950

22. I HEREBY CERTIFY, That I attended deceased from Oct 4, 1950, to Nov 14, 1950

I last saw him alive on Nov 14, 1950 death is said to have occurred on the date stated above, at 5:30 p.m.

The principal cause of death and related causes of importance were as follows:

Cardiorenal Renal Insufficiency

Date of onset

Other contributory causes of importance:

Name of operation 0 Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify No

(Signed) H. Stewart M. D.

(Address) 632 W Franklin St

131a

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PLACE OF DEATH should be stated in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

DO NOT WRITE IN THIS MARGIN RESERVED FOR BINDING

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family, cook—hotel,* etc. For a person who had no occupation whatever write *none.*

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver,* etc.

In stating the industry or business avoid the use of such general terms as "store," factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill,* etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer,* etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give exact occupation, as *carpenter, painter, machinist,* etc. Distinguish carefully between *retail merchants* and *wholesale merchants.* A person who sells goods should be called a *salesman* and not a *clerk.*

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.,* heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

L-550

50-10699

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50-10699

Registered No.

1. NAME OF DECEASED (Type or Print): Herman Ziemann

2. DATE OF DEATH: Dec. 13, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland 3020 McElderry St.
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)
C. Length of stay in Baltimore 65yrs. Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE
B. COUNTY
3020 McElderry St
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Balto. Md.
D. STREET ADDRESS (If rural, give location)
3020 McElderry St.

7-01

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Aug. 8, 1868
9. AGE (In years last birthday): 82
If Under 1 Year: Months Days
If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none
10B. KIND OF BUSINESS OR INDUSTRY: none
11. BIRTHPLACE (State or foreign country): Germany
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): no
(If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: none
17. INFORMANT: Mrs. Helen Davies, 1815 West Ave. 22
ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Carcinoma of stomach — INTERVAL BETWEEN ONSET AND DEATH: unknown
DUE TO

ANTECEDENT CAUSES
(B)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
DUE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 10 October, 1950, *to* 13 Dec, 1950, *that I last saw the deceased alive on* 13 Dec, 1950, *and that death occurred at* 11 A *m., from the causes and on the date stated above.*

23A. SIGNATURE: Howard Pollman, M. D.
23B. ADDRESS: 1513 N. McMechen Ave
23C. DATE SIGNED: 14 Dec. 1950

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: Dec. 24, 1950
24C. NAME OF CEMETERY OR CREMATORY: Schwartz's Cem.
24D. LOCATION (City, town, or county) (State): Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR: DEC 15 1950
REGISTRAR'S SIGNATURE: Lurington Williams, M.D.
25. FUNERAL DIRECTOR: Philip Stewart Sons
ADDRESS: 2024 Orleans St.

VS 150

46 B

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be [illegible] supplied. The correct age is especially important. Physicians: please write the causes of death clearly and [illegible]ly.

M-610

CERTIFICATE CORRECTED 12-19-50

50-10700

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 50-10700

1. NAME OF DECEASED (Type or Print): Sarah Murphy

2. DATE OF DEATH: 12/12/50

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Agnes Hosp.
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY: U.S.A.
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 2019 Cecil Ave

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 12/21/99
9. AGE (In years last birthday): 50 yrs.
If Under 1 Year: Months / Days
If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: Tumble Sam
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Andrew Dunbleson
14. MOTHER'S MAIDEN NAME: Sarah Hart CARPENTER

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Uremia — INTERVAL BETWEEN ONSET AND DEATH: 10-10-50

DUE TO

ANTECEDENT CAUSES

(B) Rheumatic Condition — 2 — 12-12-50

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C) Congestive Heart Failure

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 10/10 1950 *to* 12/12, 1950, *that I last saw the deceased alive on* 12/12 19 50 *and that death occurred at* 2:15 p.m., *from the causes and on the date stated above.*

23A. SIGNATURE: A. R. Sosnowski M. D.
23B. ADDRESS: St. Agnes Hosp
23C. DATE SIGNED: 12-12-50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: Dec. 16/50
24C. NAME OF CEMETERY OR CREMATORY: Cathedral
24D. LOCATION (City, town, or county) (State): Baltimore

DATE RECEIVED BY LOCAL REGISTRAR: DEC 15 1950
REGISTRAR'S SIGNATURE: Christopher Williams, M.D.
25. FUNERAL DIRECTOR: Rita Wiedefeld
ADDRESS: 900 E. Biddle St

VS 150

93D

G 620
50-10701

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 50-10701

1. NAME OF DECEASED (Type or Print): DESINA P. T. GEORGE

2. DATE OF DEATH: December 13, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): South Baltimore General Hospital
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 25-04
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 3554 S. Hanover Street

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH
9. AGE (In years last birthday): 53
If Under 1 Year: Months Days
If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife
10B. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Greece
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: unk.
14. MOTHER'S MAIDEN NAME: unk.

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Ted George ADDRESS: 3554 S. Hanover St

MEDICAL CERTIFICATION

CAUSE OF DEATH

18. E 920.0

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Fracture dislocation of neck

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS UNDERLYING ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.): home
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): 3554 S. Hanover Street
21D. TIME OF INJURY (Month) (Day) (Year) (Hour): December 13, 1950 2:15 Pm?
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21F. HOW DID INJURY OCCUR? Fell about 35' from 2nd story window

22. *I certify that I took charge of the remains described above, held an* Insp. & Inquiry (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☐, *accident* ☒, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

23A. SIGNATURE: Stanley B. Durcanden M.D.
23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR ☐
23C. DATE SIGNED: 12-14-50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12-16-50
24C. NAME OF CEMETERY OR CREMATORY: Greek Cemetery
24D. LOCATION (City, town, or county) (State): Windsor Mill Rd.

DATE RECEIVED BY LOCAL REGISTRAR: DEC 15 1950
REGISTRAR'S SIGNATURE: [illegible] for Williams M.D.
25. FUNERAL DIRECTOR: Lambros Inc. ADDRESS: 440 E. North Ave.

VS 151

N-805.2

186a

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

B+400

BAILEY

50-10702

BIRTH NO. 50-10702

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

1. NAME OF DECEASED (Type or Print): Cecil Bailey

2. DATE OF DEATH: 12-14-50

3. PLACE OF DEATH:
A. Baltimore City, Maryland — Baltimore, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): South Baltimore General Hospital
C. Length of stay in Baltimore — Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 848 Marigold Street

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Sept. 11 1882
9. AGE (In years last birthday): 68 — If Under 1 Year: Months, Days; If Under 24 Hours: Hours, Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Mr. Inspector
10B. KIND OF BUSINESS OR INDUSTRY: B & O R.R. RAILROAD
11. BIRTHPLACE (State or foreign country): Pennsylvania
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Wm. Bailey
14. MOTHER'S MAIDEN NAME: Mary McFarland
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): Not Known
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Annie Bailey — ADDRESS: 848 Marigold St

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Carcinomatosis, abdominal — INTERVAL BETWEEN ONSET AND DEATH: 6 months

DUE TO with metastasis to lungs

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Pleural Effusion, bilateral

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12/3, 1950, *to* 12/14, 1950, *that I last saw the deceased alive on* 12/14, 1950, *and that death occurred at* 1:26 A. m., *from the causes and on the date stated above.*

23A. SIGNATURE: M. C. Macup M. D.
23B. ADDRESS: 1213 Light Street
23C. DATE SIGNED: 12/14/50

24A. BURIAL, ~~CREMATION, REMOVAL (Specify)~~: Burial
24B. DATE: 12/16/50
24C. NAME OF CEMETERY OR ~~CREMATORY~~: Meadow Ridge
24D. LOCATION (City, town, or county) (State): Dorsey Md.

DATE RECEIVED BY LOCAL REGISTRAR: DEC 15 1950
REGISTRAR'S SIGNATURE: Huntington Williams M.D.
25. FUNERAL DIRECTOR: Wm Cook Inc. — ADDRESS: 1217 St. Paul St.

VS 150

533 50

46F

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given if supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

Do not copy on any transcript (For statistical purposes only)

Was the probable primary site of malignancy indicated in clinical history?

From autopsy, if possible, please state a more definite anatomical location of malignancy than abdominal.

"Abdominal malignancy probably gall bladder in origin"
See Document File 50-10702
1/17/1951 ES

H-230

50-10703

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 50-10703

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Thelma F. Hassett

2. DATE OF DEATH: 12-14-50

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Lutheran Hosp. of Maryland
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Balto
D. STREET ADDRESS (If rural, give location): 5221 Beaufort Ave #15

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: Nov 11, 1935
9. AGE (In years last birthday): 15
If Under 1 Year: Months Days
If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Student
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Paul Hassett
14. MOTHER'S MAIDEN NAME: Matilda Hertel

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Paul Hassett ADDRESS: 5221 Beaufort Ave

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral Vascular Accident — INTERVAL BETWEEN ONSET AND DEATH: 4 hr

DUE TO

ANTECEDENT CAUSES

(B) Thrombocytopenic Purpura

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C) Reticuloendotheliomia Type Undetermined

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: x
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [c] NO [ ]

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12-9-50, 19__, *to* 12-14-50, 19__, *that I last saw the deceased alive on* 12-14-50, 19__, *and that death occurred at* 11:14A *m., from the causes and on the date stated above.*

23A. SIGNATURE: Harold L. Daly Jr M. D.
23B. ADDRESS: Lutheran Hosp of Maryland
23C. DATE SIGNED: 12-14-50

24A. BURIAL, ~~CREMATION, REMOVAL (Specify)~~: Burial
24B. DATE: 12/18/50
24C. NAME OF CEMETERY ~~OR CREMATORY~~: Lorraine
24D. LOCATION (City, town, or county) (State): Balto. Co. Md.

DATE RECEIVED BY LOCAL REGISTRAR: DEC 15 1950
REGISTRAR'S SIGNATURE: Thurlington Williams, M.D.
25. FUNERAL DIRECTOR: Wm Cook Inc. ADDRESS: 1217 St. Paul St.

VS 150

55E

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

W 426

50-10704

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X

50-10704

Registered No.

1. NAME OF DECEASED (Type or Print): Robert N. Walker

2. DATE OF DEATH: 12/13/50

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Maryland General Hospital
C. Length of stay in Baltimore: 65 Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: Baltimore
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 8538 Chestnut Oak Rd.

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: 1-20-1885
9. AGE (In years last birthday): 65
If Under 1 Year: Months: Days
If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret - Machinist
10B. KIND OF BUSINESS OR INDUSTRY: B. & O. R. R. RAILROAD
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Charles F. Walker
14. MOTHER'S MAIDEN NAME: Magdelena Schwemmer

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): no
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Robert L. Walker
ADDRESS: a s above

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebrovascular accident — INTERVAL BETWEEN ONSET AND DEATH:

DUE TO

ANTECEDENT CAUSES

(B) Hypertensive cardiovascular disease — Unknown

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Rt hemiplegia

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/13, 1950, to 12/30, 1950, that I last saw the deceased alive on 12/13, 1950, and that death occurred at _____ m., from the causes and on the date stated above.

23A. SIGNATURE: Marguerite Louise Cadle M.D.
23B. ADDRESS: Geil Hosp
23C. DATE SIGNED: 12/13/50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12/16/50
24C. NAME OF CEMETERY ~~OR CREMATORY~~: Mt. Olivet
24D. LOCATION (City, town, or county) (State): Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR: DEC 15 1950
REGISTRAR'S SIGNATURE: Christopher Williams, M.D.
25. FUNERAL DIRECTOR: Wm. Cook, Inc.
ADDRESS: 1212 St. Paul St.

VS 150

54450

937

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be entered if supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

V+230

50-10705

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 50-10705

1. NAME OF DECEASED (Type or Print): LILLIAN (Lillie) M. VOIGHT

2. DATE OF DEATH: Dec. 14, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2803 Garrison Blvd.
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 2505 Garrison Blvd.

15-38

5. SEX: female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): single
8. DATE OF BIRTH: May 29, 1870
9. AGE (In years last birthday): 80
If Under 1 Year: Months: Days
If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Harry Voight
14. MOTHER'S MAIDEN NAME: Mary Katherine Gross

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): no
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Mrs. W. Minson Powell
ADDRESS: Towsville - 111 Melvin Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Chr. Valvular Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: 1940

DUE TO

ANTECEDENT CAUSES

(B) Chr. Interstitial Nephritis — 1940

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June 15 *,* 1950 *, to* Dec 14 *,* 1950 *, that I last saw the deceased alive on* Dec 14 *,* 1950 *, and that death occurred at* 1.15 p *m., from the causes and on the date stated above.*

23A. SIGNATURE: Paul Brown M. D.
23B. ADDRESS: 3602 Liberty Heights Ave.
23C. DATE SIGNED: 12-15-50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12/16/50
24C. NAME OF CEMETERY OR CREMATORY: Lorraine Cem.
24D. LOCATION (City, town, or county) (State): Woodlawn, Md.

DATE RECEIVED BY LOCAL REGISTRAR: DEC 15 1950
REGISTRAR'S SIGNATURE: [illegible] for Williams, M.D.
25. FUNERAL DIRECTOR: Wm. J. Tickner & Sons
ADDRESS: 1310 Eutaw Md.

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be [illegible] supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

S-536

D This to be approved by medical examiner.

50-10706

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50-10706

Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be [illegible] supplied. The correct age is especially important. Physicians: please write the causes of death clearly and [illegible]ly.

1. NAME OF DECEASED (Type or Print): MARY (MAY) SNYDER

2. DATE OF DEATH: Dec. 14, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 3307 Piedmont Ave.
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 3307 Piedmont Ave.

15-37

5. SEX: female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): single
8. DATE OF BIRTH: Nov. 8, 1867
9. AGE (In years last birthday): 83 — If Under 1 Year: Months: Days — If Under 24 Hours: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Schoolteacher (rtd)
10B. KIND OF BUSINESS OR INDUSTRY: Public School
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?:
13. FATHER'S NAME: Benjamin B. Snyder
14. MOTHER'S MAIDEN NAME: Mary A. Ballard
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): no — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Miss Emma Snyder — ADDRESS: 3307 Piedmont Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

		INTERVAL BETWEEN ONSET AND DEATH
422.1 and E 900.0		
(A)	Myocarditis	2mos ½
DUE TO		
(B)	Hypo static pneumonia	2 days
DUE TO		
(C)	arterio sclerosis	?

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT: fracture of left hip Oct. 30, 1950

CERTIFICATION APPROVED BY

William H. Barnett
ASST. MEDICAL EXAMINER

19A. DATE OF OPERATION: none
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH: Yes
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.): home fell down steps
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): at home
21D. TIME OF INJURY (Month) (Day) (Year) (Hour): Oct. 30, 1950 m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21F. HOW DID INJURY OCCUR?: fell down steps

22. *I hereby certify that I attended the deceased from* Oct. 17, 1950 *to* Dec. 14, 1950, *that I last saw the deceased alive on* Dec. 13, 1950, *and that death occurred at* 6a. m., *from the causes and on the date stated above.*

23A. SIGNATURE: Harry S. Dubb, M. D.
23B. ADDRESS: 2220 Garrison Blvd.
23C. DATE SIGNED: Dec. 15, 50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12/16/50
24C. NAME OF CEMETERY OR CREMATORY: Mt. Olivet Cem.
24D. LOCATION (City, town, or county) (State): Balto., Md.

DATE RECEIVED BY LOCAL REGISTRAR: DEC 15 1950
REGISTRAR'S SIGNATURE: Lucy Williams
25. FUNERAL DIRECTOR: Wm. J. Tickner & Sons
ADDRESS: 186a Md.

VS 150

0-216
50-10707

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 50-10707

BIRTH NO. 50-28005

1. NAME OF DECEASED (Type or Print): DAVID OSBORNE Tw #1

2. DATE OF DEATH: 12-14-50

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bon Secours Hospital
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 2506 W. Lafayette Ave.

16-05

5. SEX: Male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): single
8. DATE OF BIRTH: Dec. 7, 1950
9. AGE (In years last birthday): If Under 1 Year: Months: Days: 7; If Under 24 Hours: Hours: Min.:
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none
10B. KIND OF BUSINESS OR INDUSTRY: none
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?:
13. FATHER'S NAME: John Edward Odborne
14. MOTHER'S MAIDEN NAME: Leona Posther
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): none (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: none
17. INFORMANT: Mr. John E. Osborne ADDRESS: 2506 W. Lafayette Ave.

MEDICAL CERTIFICATION

18. 762.5

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) ATELECTASIS

DUE TO

(B) PREMATURITY

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 12/7, 1950, *to* 12/14, 1950, *that I last saw the deceased alive on* 12/14, 1950, *and that death occurred at* 4:30 p *m., from the causes and on the date stated above.*

23A. SIGNATURE: Edward M. Rehok M. D.
23B. ADDRESS: Bon Secours
23C. DATE SIGNED: 12/14/50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12/15/50
24C. NAME OF CEMETERY OR CREMATORY: Lorraine Cem.
24D. LOCATION (City, town, or county) (State): Woodlawn Cem.

DATE RECEIVED BY LOCAL REGISTRAR: DEC 15 1950
REGISTRAR'S SIGNATURE: Washington Williams, M.D.
25. FUNERAL DIRECTOR: Wm. J. Tuchner & Sons
ADDRESS: Balto Md.

VS 150

159

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be completely supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

N 320
50-10708

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50-10708

1. NAME OF DECEASED (Type or Print): Mildred Dawes Natwick (Mrs. Joseph)

2. DATE OF DEATH: December 14, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Union Memorial Hospital
C. Length of stay in Baltimore: 76 Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 2009 Greenberry Road

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: June 19, 1874
9. AGE (In years last birthday): 76 — If Under 1 Year: Months: Days; If Under 24 Hours: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Wisconsin
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: William Dawes
14. MOTHER'S MAIDEN NAME: Clara Bates
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT: Mildred Natwick — ADDRESS: 2009 Greenberry Rd Balto. Md.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Uremia

DUE TO

(B) Bilateral hydronephrosis

DUE TO

(C) Obstructed ureters - Carcinoma invaded

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

INTERVAL BETWEEN ONSET AND DEATH

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 8/2/50
19B. MAJOR FINDINGS OF OPERATION: Carcinoma of Sigmoid (Probable primary site)
20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec. 6, 1950 *to* Dec. 14, 1950 *that I last saw the deceased alive on* Dec. 14, 1950 *and that death occurred at* 8:15 *A.m., from the causes and on the date stated above.*

23A. SIGNATURE: Francis A. Watt M. D.
23B. ADDRESS: Union Memorial Hosp.
23C. DATE SIGNED: 12-14-50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12/16/50
24C. NAME OF CEMETERY OR CREMATORY: Lorraine Maus.
24D. LOCATION (City, town, or county) (State): Woodlawn, Md.

DATE RECEIVED BY LOCAL REGISTRAR: DEC 15 1950
REGISTRAR'S SIGNATURE: Huntington Williams M.D.
25. FUNERAL DIRECTOR: Wm. J. Tickner & Sons
ADDRESS: Balto. Md.

VS 150

46E

MARGIN RESERVED FOR BINDING

PLEASE WRITE HEAVILY, WITH UNFADING INK. Every item of information should be [illegible] supplied. The correct age is especially important. Physicians: please write the causes of death clearly and [illegible]ibly.

See Document File 50-10708 for additional data
1/8/51 E. Steman

Could the probable primary site be determined?

C-453

50-10709
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50-10709

1. NAME OF DECEASED (Type or Print): Cecelia Clinton.

2. DATE OF DEATH: December 13, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 408 George St.,
c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 408 George St.

5. SEX: Female
6. COLOR OR RACE: C
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Dec. 15, 1887
9. AGE (In years last birthday): 63
If Under 1 Year: Months: Days
If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Dyson.
14. MOTHER'S MAIDEN NAME: Sedonia Jones.

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Rosina West. ADDRESS: 408 George St.

MEDICAL CERTIFICATION

18. 442 X

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Cardio-Vascular Renal — 1 year.
DUE TO
(B) Decease & Congestion
DUE TO
(C) failure.

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 10/12, 19~~50~~ *to* 12/13, 19 50, *that I last saw the deceased alive on* 12/13, 19 50, *and that death occurred at* 5 p m., *from the causes and on the date stated above.*

23A. SIGNATURE: M. Cochran M. D.
23B. ADDRESS: 600 W Admiral
23C. DATE SIGNED: 12/15

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: Dec 16, 1950
24C. NAME OF CEMETERY OR CREMATORY: Mt. Auburn
24D. LOCATION (City, town, or county) (State): Baltimore Md

DATE RECEIVED BY LOCAL REGISTRAR: DEC 15 1950
REGISTRAR'S SIGNATURE: [illegible] Williams, M.D.
25. FUNERAL DIRECTOR: Mrs Katie R Williams
ADDRESS: 322 N. Schroeder St

VS 150

1310

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

R-200 50-10710 50-10710

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO.

1. NAME OF DECEASED (Type or Print): JOHN ROSS

2. DATE OF DEATH: December 12, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 60 2101 W. Cold Spring Lane
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 27-15
D. STREET ADDRESS (If rural, give location): 2101 W. Cold Spring Lane

5. SEX: Male
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: 1876
9. AGE (In years last birthday): 74 — If Under 1 Year: Months: Days — If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Houseman
10B. KIND OF BUSINESS OR INDUSTRY: Domestic
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: ?
14. MOTHER'S MAIDEN NAME: ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Virginia Jackson, ADDRESS: 523 N. Vincent Street

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) 422.1 and E 812.4

(A) Arteriosclerotic cardiovascular disease

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Fracture of right tibia

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21A. EXTERNAL CAUSE WAS UNDERLYING [ ] OR CONTRIBUTING [X] CAUSE OF DEATH.
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.): Street
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): Edmondson Avenue & Bentalou Street
21D. TIME OF INJURY (Month) (Day) (Year) (Hour): October 25, 1950 5:50 P. m.
21E. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [X]
21F. HOW DID INJURY OCCUR? Pedestrian struck by auto

22. *I certify that I took charge of the remains described above, held an* Autopsy (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes [ ], accident [X], suicide [ ], homicide [ ], undetermined [ ].*

23A. SIGNATURE: William [illegible] M.D.
23B. CHIEF MEDICAL EXAMINER [ ] ASSISTANT MEDICAL EXAMINER [X] MEDICAL INVESTIGATOR [ ]
23C. DATE SIGNED: Dec. 13, 1950

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12/16/50
24C. NAME OF CEMETERY OR CREMATORY: Mt. Auburn Cem.
24D. LOCATION (City, town, or county) (State): Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR: 12-15-50
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Mrs. K. R. Williams
ADDRESS: 322 N. Schroeder St.

VS 151

72081 93D

MARGIN RESERVED FOR BINDING

PLEASE WRITE HEAVILY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

C-200

50-10711

BIRTH NO. 50-18541

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 50-10711

1. NAME OF DECEASED (Type or Print): Edward CHASE

2. DATE OF DEATH: 12-13-50

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): University Hosp.
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 548 Roberts St. Robert

5. SEX: M
6. COLOR OR RACE: C
7. SINGLE, MARRIED, ~~WIDOWED~~, DIVORCED (Specify):
8. DATE OF BIRTH: April 26, 1950
9. AGE (In years last birthday): 7 mo.
If Under 1 Year: Months: Days
If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Child
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Edward Chase Jr
14. MOTHER'S MAIDEN NAME: Joyce Harris

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown):
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Joyce H. Chase, ADDRESS: 548 Robert St.

MEDICAL CERTIFICATION

CAUSE OF DEATH

18. 757 X I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Communicating Hydrocephalus — INTERVAL BETWEEN ONSET AND DEATH: 4 mos.

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 12-12
19B. MAJOR FINDINGS OF OPERATION: Communicating Hydrocephalus
20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) None m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12-4, 1950 *to* 12-13, 1950 *that I last saw the deceased alive on* 12-13, 1950 *and that death occurred at* 7:50 P.M., *from the causes and on the date stated above.*

23A. SIGNATURE: Elmer W Demaree M. D.
23B. ADDRESS: University Hosp
23C. DATE SIGNED: 12-14-50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12-15-1950
24C. NAME OF CEMETERY OR CREMATORY: Mt. Auburn Cem.
24D. LOCATION (City, town, or county) (State): Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR: DEC 15 1950
REGISTRAR'S SIGNATURE: [illegible] Williams, M.D.
25. FUNERAL DIRECTOR: Mrs Katie R. Williams
ADDRESS: 322 N Schroeder St

VS 150

157a

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

H 453
50-10712

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 50-10712

1. NAME OF DECEASED (Type or Print): JAMES HOLLAND

2. DATE OF DEATH: December 12, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Franklin Square Hospital
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 18 02
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 1070 W. Fayette Street

5. SEX: Male
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Jan. 23, 1898
9. AGE (In years last birthday): 52 — If Under 1 Year: Months / Days — If Under 24 Hours: Hours / Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Labour
10B. KIND OF BUSINESS OR INDUSTRY: Glass Factory
11. BIRTHPLACE (State or foreign country): Va.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Claybourne Holland
14. MOTHER'S MAIDEN NAME: Lucy Logan
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Alice Holland — ADDRESS: 1070 W. Fayette St

MEDICAL CERTIFICATION

CAUSE OF DEATH

18. I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Coronary artery sclerosis
DUE TO
(B)
DUE TO
(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* Insp. & Inquiry (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from:* natural causes ☒, *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

23A. SIGNATURE: Stanley H. Dunlachen M.D.
23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR ☐
23C. DATE SIGNED: 12-12-50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12-16-1950
24C. NAME OF CEMETERY OR CREMATORY: M & T Calvary Cem
24D. LOCATION (City, town, or county) (State): Cedar Hill Md

DATE RECEIVED BY LOCAL REGISTRAR: DEC 15 1950
REGISTRAR'S SIGNATURE: Jos. Williams M.D.
25. FUNERAL DIRECTOR: Mr. Estie R. Williams
ADDRESS: 322 N. Schroeder St.

VS 151

97035

94a

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be [illegible] supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

V+240

50-10713

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 50-10713

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. NAME OF DECEASED (Type or Print): Adam Vogel

2. DATE OF DEATH: 12-13-50

3. PLACE OF DEATH: A. Baltimore City, Maryland 3316 Foster Ave

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 3316 Foster Ave (Home)

C. Length of stay in Baltimore: Life (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Maryland B. COUNTY: Balti. City

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore Maryland 26-11

D. STREET ADDRESS (If rural, give location): 3316 Foster Ave

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: 7-24-1893

9. AGE (In years last birthday): 57 | If Under 1 Year: Months Days | If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Draftsman

10B. KIND OF BUSINESS OR INDUSTRY: Beth. Steel SHIPYARD

11. BIRTHPLACE (State or foreign country): Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Vogel

14. MOTHER'S MAIDEN NAME: Caroline Rethmann

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Elizabeth Jackson ADDRESS: 3247 E. Balti. St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) 416 X

(A) Rheumatic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: 1943

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Feb 13, 1943, *to* Dec 12, 1950, *that I last saw the deceased alive on* Dec 12, 1950, *and that death occurred at* 9 a m., *from the causes and on the date stated above.*

23A. SIGNATURE: Edward L. Blackwell M. D.

23B. ADDRESS: 3426 Bank St.

23C. DATE SIGNED: 12/15/50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial

24B. DATE: Dec. 16, 1950

24C. NAME OF CEMETERY OR CREMATORY: Sacred Heart Cemetery

24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE RECEIVED BY LOCAL REGISTRAR: DEC 15 1950

REGISTRAR'S SIGNATURE: Huntington Williams, M.

25. FUNERAL DIRECTOR: Lilly & Zeiler Inc. ADDRESS: 403 S Wolfe

VS 150

035 3U

95B

M-552
K 190
50-10714

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 50-10714

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Mary Mannings (Keive)

2. DATE OF DEATH: December 13, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2116 Penna. Ave.

C. Length of stay in Baltimore: 25 yrs (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Balto.
D. STREET ADDRESS (If rural, give location): 2116 Penna Ave.

1501

5. SEX: F
6. COLOR OR RACE: C
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): M
8. DATE OF BIRTH: 1887
9. AGE (In years last birthday): 63 — If Under 1 Year: Months: Days — If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): H. Wife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Va.
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: ?
14. MOTHER'S MAIDEN NAME: ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): no (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: none
17. INFORMANT: Ada Myers Day — ADDRESS: 2116 Penna Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cardio - Vascular Renal

DUE TO

(B) Cardiac - pulmonary — 6 mos.

DUE TO

(C) Edema - uremia

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12-9-, 1950, *to* 12/13, 1950, *that I last saw the deceased alive on* 12/13, 1950, *and that death occurred at* 4 P. m., *from the causes and on the date stated above.*

23A. SIGNATURE: M. L. Jackson M. D.
23B. ADDRESS: 600 - N - Arlington
23C. DATE SIGNED: 12/15/50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12/16/50
24C. NAME OF CEMETERY OR CREMATORY: Mt Auburn Cemetery
24D. LOCATION (City, town, or county) (State): Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR: DEC 15 1950
REGISTRAR'S SIGNATURE: [illegible]
25. FUNERAL DIRECTOR: Geo. G. Kelson — ADDRESS: 1303 Presstman St.

VS 150

Geo. G. Kelson 131a

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

F# 230
50-10715

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50-10715

1. NAME OF DECEASED (Type or Print): GEORGE. FOSSETT

2. DATE OF DEATH: 12-14-50

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): UNIVERSITY HOSPITAL
c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BALTIMORE 15-02
D. STREET ADDRESS (If rural, give location): 1831 PRESSTMAN ST.

5. SEX: M.
6. COLOR OR RACE: Col
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): M.
8. DATE OF BIRTH: 3-2-1909
9. AGE (In years last birthday): 41
If Under 1 Year: Months: Days
If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): PORTER
10B. KIND OF BUSINESS OR INDUSTRY: UNIV. HOSPITAL
11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: —
14. MOTHER'S MAIDEN NAME: —

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: WIFE
ADDRESS: SAME

MEDICAL CERTIFICATION

CAUSE OF DEATH

18. 581.1 I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) .....

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Epistaxis — INTERVAL BETWEEN ONSET AND DEATH: 4 DAYS.

DUE TO

(C) Laennec's Cirrhosis — 2 YRS +.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. .....

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* ? 1948 *to* 12-14, 1950 *that I last saw the deceased alive on* 12-10, 1950 *and that death occurred at* 10 55 A *m., from the causes and on the date stated above.*

23A. SIGNATURE: Wm. C. Ebeling M. D.
23B. ADDRESS: University Hosp.
23C. DATE SIGNED: 12-14-50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12/17/50
24C. NAME OF CEMETERY OR CREMATORY: Arbutus
24D. LOCATION (City, town, or county) (State): Md.

DATE RECEIVED BY LOCAL REGISTRAR: DEC 15 1950
REGISTRAR'S SIGNATURE: Thurlington Williams, M.
25. FUNERAL DIRECTOR: Geo. H. Kelson
ADDRESS: 1303 Pressman 124a St

VS 150

780 ST

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and briefly.

L-520
50-10716

50-10716

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): John GEORGE Lins

2. DATE OF DEATH: Dec. 12, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): THE JOHNS HOPKINS HOSPITAL
C. Length of stay in Baltimore: Yrs. Mos. Days 33

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 12-07
D. STREET ADDRESS (If rural, give location): 2649 Hampden Ave

5. SEX: Male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widower
8. DATE OF BIRTH: 4-26-74
9. AGE (Last birthday): 76 — If Under 1 Year: Months Days; If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Painter-retired
10B. KIND OF BUSINESS OR INDUSTRY: General- self employ
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John C. Lins
14. MOTHER'S MAIDEN NAME: Margarette Deuker

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: None
17. INFORMANT: THE JOHNS HOPKINS HOSPITAL — ADDRESS:

MEDICAL CERTIFICATION

CAUSE OF DEATH

		INTERVAL BETWEEN ONSET AND DEATH
I. 18. 420.0 and 177X — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A) Pulmonary Edema	48 hrs
DUE TO		
ANTECEDENT CAUSES — DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(B) Heart Failure	48 hrs
DUE TO		
	(C) Arteriosclerotic Heart Disease	?
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	Carcinoma of Prostate	?

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12/11 30 1950 *to* 12/12, 1950, *that I last saw the deceased alive on* 12/12, 1950, *and that death occurred at* 1 30 P. *m., from the causes and on the date stated above.*

23A. SIGNATURE: Carl A Burnce M. D.
23B. ADDRESS: THE JOHNS HOPKINS HOSPITAL
23C. DATE SIGNED:

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: Dec. 15, 1950
24C. NAME OF CEMETERY OR CREMATORY: Jacksonville Refermed Cem.
24D. LOCATION (City, town, or county) (State): Jacksonville, Balto. Co., Md.

DATE RECEIVED BY LOCAL REGISTRAR: DEC 15 1950
REGISTRAR'S SIGNATURE: Lawrence Williams, M.D.
25. FUNERAL DIRECTOR: John Burns' Sons, Towson, Maryland — ADDRESS:

51B

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be entered if supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

848-W. 36th St.

K-452

50-10717

BIRTH NO. 50-10717

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

1. NAME OF DECEASED (Type or Print): John D. Klingel Sr

2. DATE OF DEATH: Dec. 14-1950

3. PLACE OF DEATH: A. Baltimore City, Maryland 5204 Cuthbert Ave

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

C. Length of stay in Baltimore: Life (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Balto. 27-18
D. STREET ADDRESS (If rural, give location): 5204 Cuthbert Ave

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Sept 29-1887
9. AGE (In years last birthday): 63
If Under 1 Year: Months | Days
If Under 24 Hours: Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Tobacconist
10B. KIND OF BUSINESS OR INDUSTRY: Balto City
11. BIRTHPLACE (State or foreign country): Mus Windsor Md
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Samuel Klingel
14. MOTHER'S MAIDEN NAME: Ellen Ann-West

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): YES (If yes, give war or dates of service): World War I
16. SOCIAL SECURITY NO.: None
17. INFORMANT: John Klingel Jr. ADDRESS: 5204 Cuthbert

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Carcinoma of Lung — INTERVAL BETWEEN ONSET AND DEATH: 2 years

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: June 1950
19B. MAJOR FINDINGS OF OPERATION: Bronchoscopy - Fort Howard Hospital Cancer of Lung
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Feb 1, 1950, *to* Dec 14, 1950 *that I last saw the deceased alive on* Dec 13, 1950 *and that death occurred at* 4:10 P *m., from the causes and on the date stated above.*

23A. SIGNATURE: Bernard Wallerstein M. D.
23B. ADDRESS: 848 W 36th St
23C. DATE SIGNED: 12/18/50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: Dec 16-50
24C. NAME OF CEMETERY OR CREMATORY: Sorrame
24D. LOCATION (City, town, or county) (State): Balto Md.

DATE RECEIVED BY LOCAL REGISTRAR: DEC 15 1950
REGISTRAR'S SIGNATURE: Registrar for Baltimore Md.
25. FUNERAL DIRECTOR: Maurice C. Lefler
ADDRESS: 1600 W. North Ave

VS 150

773 93 47D

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

P 620

50-10718

CERTIFICATE CORRECTED 1-5-51

50-10718

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): POWERS, GEORGE PATRICK

2. DATE OF DEATH: DECEMBER 14, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): SOUTH BALTIMORE GENERAL HOSP.
c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Balto.
D. STREET ADDRESS (If rural, give location): 26-15 E. Preston St. 2 WOODVALE RD. Balto 21

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Apr. 12 (10) 1910
9. AGE (In years last birthday): 40 — If Under 1 Year: Months, Days; If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ELECTRICIAN
10B. KIND OF BUSINESS OR INDUSTRY: ELECTRONIC EQUIPMENT
11. BIRTHPLACE (State or foreign country): PITTSBURG, PENNA. (M) Md
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: JAMES Michael Powers
14. MOTHER'S MAIDEN NAME: Maryetta (Mary E.) Viertel VIERTEL

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Mrs. Katherine Powers — ADDRESS: 26 15 E. Preston St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Subarachnoid hemorrhage, spontaneous — INTERVAL BETWEEN ONSET AND DEATH: 6 hours

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Intraventricular hemorrhage

DUE TO

(C) ~~Congenital aneurysm (carotid)~~ (over)

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 2
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 14, 1950, to Dec. 14, 1950, that I last saw the deceased alive on Dec. 14, 1950, and that death occurred at 7:55 p. m., from the causes and on the date stated above.

23A. SIGNATURE: Martin C. Macaugnan M. D.
23B. ADDRESS: So. Balto. Gen. Hosp.
23C. DATE SIGNED: 12-14-50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: Dec 18 1950
24C. NAME OF CEMETERY OR CREMATORY: Balto. National
24D. LOCATION (City, town, or county) (State): Frederick Rd.

DATE RECEIVED BY LOCAL REGISTRAR: DEC 15 1950
REGISTRAR'S SIGNATURE: Lucille Williams, M.D.
25. FUNERAL DIRECTOR: Leo G. Cook — ADDRESS: 701-03 N. Patterson Pk. Ave.

VS 150

5153M

83a

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

MARGIN RESERVED FOR BINDING

Was the congenital aneurysm
syphilitic in origin?

"No evidence of aneurysm at autopsy" (ruled out)

See Document File 50-10718
1/17/1951 ES.

B-420

BIRTH NO. 50-10719

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 50-10719

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. NAME OF DECEASED (Type or Print): LOUISA BELAGGE

2. DATE OF DEATH: DEC. 14, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2412 WILKENS AVE.
c. Length of stay in Baltimore: 46 YRS. (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BALTIMORE
D. STREET ADDRESS (If rural, give location): 2412 WILKENS AVE

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: JANUARY 13, 1889
9. AGE (In years last birthday): 61 — If Under 1 Year: Months: Days: — If Under 24 Hours: Hours: Min.:
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE
10B. KIND OF BUSINESS OR INDUSTRY: DOMESTIC
11. BIRTHPLACE (State or foreign country): HUNGARY
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: JOSEPH ARINGER
14. MOTHER'S MAIDEN NAME: BARBARA BOHN
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): NO
(If yes, give war or dates of service): NONE
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT: RUDOLPH BELAGGE — ADDRESS: 2412 WILKENS AVE

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 1 yr.

DUE TO

ANTECEDENT CAUSES

(B) Generalized arteriosclerosis — 1 yr

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C) —

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. —

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY: YES ☐ NO

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 11/1, 1949 *to* 12/14, 1950, *that I last saw the deceased alive on* 12/14, 1950, *and that death occurred at* 9 A. m., *from the causes and on the date stated above.*

23A. SIGNATURE: Benjamin Miller M. D.
23B. ADDRESS: 2030 Williams Ave
23C. DATE SIGNED: 12/14/50

24A. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: 12-18-50
24C. NAME OF CEMETERY OR CREMATORY: Loudon PARK
24D. LOCATION (City, town, or county) (State): BALTIMORE, MARYLAND

DATE RECEIVED BY LOCAL REGISTRAR: DEC 15 1950
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: GEO. L. SCHWAB — ADDRESS: 2101 FREDERICK AVE.

7208A

94a

265

BIRTH NO. 50-10720

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X

Registered No. 50-10720

1. NAME OF DECEASED (Type or Print): MARY K. LE GRAND

2. DATE OF DEATH: Dec. 14, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): US Marine Hospital Wyman Pk. Drive & 31st St.
C. Length of stay in Baltimore: 10 days (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Va.
B. COUNTY: V-43
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lynchburg
D. STREET ADDRESS (If rural, give location): 93 Federal Street

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 11/25/84
9. AGE (In years last birthday): 66 — If Under 1 Year: Months / Days — If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): South Dakota
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William Paul Kingston
14. MOTHER'S MAIDEN NAME: Margaret Stephens

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: ?
17. INFORMANT: Records- US Marine Hospital, Balto, Md. — ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

421.1

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Endocarditis, aortic, calcific with severe stenosis and cardiac failure. — INTERVAL BETWEEN ONSET AND DEATH: Unknown

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Infarction right lower lobe, small. — Several days

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 2
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec. 4, 19 50, *to* Dec. 14, 19 50, *that I last saw the deceased alive on* Dec. 14, 19 50, *and that death occurred at* 6:05 P *m., from the causes and on the date stated above.*

23A. SIGNATURE: John L. Wilson, M. D. — John L. Wilson, Medical Director
23B. ADDRESS: US Marine Hospital, Balto, Md.
23C. DATE SIGNED: 12/15/50

24A. BURIAL, CREMATION, REMOVAL (Specify): Cremation
24B. DATE: 12/15/50
24C. NAME OF CEMETERY OR CREMATORY: Loudon Park
24D. LOCATION (City, town, or county) (State): 3800 Edmondson Ave

DATE RECEIVED BY LOCAL REGISTRAR: DEC 15 1950
REGISTRAR'S SIGNATURE: Charles W. Williams, M.D.
25. FUNERAL DIRECTOR: Harry W. Lutzke — ADDRESS: 4101 Edmondson Ave

92a

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F. 651 50-10721

50-10721

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): ALVIN PETER FERNBACH

2. DATE OF DEATH: Dec. 14, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland 75 days
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): US Marine Hospital
Wyman Pk. Drive & 31st St.
C. Length of stay in Baltimore: 75 days (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: California
B. COUNTY: V-04
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Redwood Valley
D. STREET ADDRESS (If rural, give location):

5. SEX: M
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: 6/15/16
9. AGE (In years last birthday): 34
If Under 1 Year: Months Days
If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): CG- EMC
10B. KIND OF BUSINESS OR INDUSTRY: U.S. Coast Guard
11. BIRTHPLACE (State or foreign country): California
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Peter Fernbach
14. MOTHER'S MAIDEN NAME: Anna ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): Yes
(If yes, give war or dates of service): ? to death
16. SOCIAL SECURITY NO.: ?
17. INFORMANT: Records- US Marine Hospital, Balto, Md.
ADDRESS:

MEDICAL CERTIFICATION

18. 190 X

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

(A) Melanoma, malignant, amelanotic, probably arising in nevus left axilla removed 4 years ago. — Unknown

DUE TO

(B) Metastasis to left chest wall, to right axilla, massive pleural effusion left and fracture spontaneous right humerus — 2 days

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: /
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept. 30, 1950 *to* Dec. 14, 1950, *that I last saw the deceased alive on* Dec. 14, 1950, *and that death occurred at* 2:10P *m., from the causes and on the date stated above.*

23A. SIGNATURE: John L. Wilson, Medical Director M. D.
23B. ADDRESS: US Marine Hospital, Balto, Md.
23C. DATE SIGNED: 12/15/50

24A. BURIAL, CREMATION, REMOVAL (Specify): Removal
24B. DATE: 12-15-50
24C. NAME OF CEMETERY OR CREMATORY: Eversole Mortuary
24D. LOCATION (City, town, or county) (State): Ukiah-Calif-

DATE RECEIVED BY LOCAL REGISTRAR: DEC 15 1950
REGISTRAR'S SIGNATURE: [illegible]
25. FUNERAL DIRECTOR: Earl B. Wolverton
ADDRESS: 403-E-25th St. 53

VS 150

595 91

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 455

50-10722

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 50-10722

1. NAME OF DECEASED (Type or Print): Elisabeth Gilman

2. DATE OF DEATH: Dec 14 1950

3. PLACE OF DEATH: A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 614 Park ave

C. Length of stay in Baltimore: 50 ? Yrs. ~~Mos.~~ Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Md

B. COUNTY:

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore

D. STREET ADDRESS (If rural, give location): 614 Park ave

11-03

5. SEX: F

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: Dec 25 1867

9. AGE (In years last birthday): 82 | If Under 1 Year: Months: Days | If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none

10B. KIND OF BUSINESS OR INDUSTRY: –

11. BIRTHPLACE (State or foreign country): Norwich Conn.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Daniel Coit Gilman

14. MOTHER'S MAIDEN NAME: Mary Ketchem

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No

(If yes, give war or dates of service): –

16. SOCIAL SECURITY NO.:

17. INFORMANT: Jas B. Diggs ADDRESS: 1st Nat. Bank Bldg.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Carcinoma of Liver — INTERVAL BETWEEN ONSET AND DEATH: 2 years

DUE TO

ANTECEDENT CAUSES

(B) ~~DUE TO~~ Chronic cholecystitis & cholelithiasis — 1 yr.

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C) Femoral phlebitis & pulmonary embolus — 5 days

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: –

19B. MAJOR FINDINGS OF OPERATION: –

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify): –

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.: –

21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1946, 19__, *to* Dec 14, 1950, *that I last saw the deceased alive on* Dec 13, 1950, *and that death occurred at* 1:15 A m., *from the causes and on the date stated above.*

23A. SIGNATURE: Francis W Gluck M. D.

23B. ADDRESS: 3406 St Paul St

23C. DATE SIGNED: 12/14/50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial

24B. DATE: Dec 16 1950

24C. NAME OF CEMETERY ~~OR CREMATORY~~: Druid Ridge

24D. LOCATION (City, town, or county) (State): Pikesville Balto Co Md

DATE RECEIVED BY LOCAL REGISTRAR: DEC 16 1950

REGISTRAR'S SIGNATURE: [illegible]

25. FUNERAL DIRECTOR: Henry W Jenkins Sons Co

ADDRESS: 4905 York Rd.

VS 150

53

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Dr. Gluck
3406 St. Paul St
Minneapolis

Hop 4776

W-324

50-10723

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50-10723

Registered No.

1. NAME OF DECEASED (Type or Print): MARY WETZEL

2. DATE OF DEATH: DECEMBER 12, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland ✓
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): South Baltimore Gen. Hospital
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 1636 Caddox Street

25-05

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Divorced
8. DATE OF BIRTH: Sept. 24, 1907
9. AGE (In years last birthday): 43
If Under 1 Year: Months: Days
If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Unemployed
10B. KIND OF BUSINESS OR INDUSTRY: Waitress
11. BIRTHPLACE (State or foreign country): Pennsylvania
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Wesley Wetzel
14. MOTHER'S MAIDEN NAME: Daisy Zimmerman

REUTAMAN

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT
ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

446X

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Malignant Hypertension — INTERVAL BETWEEN ONSET AND DEATH: 7 years

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Nephrosclerosis

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 28, 1950, to Dec. 12, 1950, that I last saw the deceased alive on Dec. 12, 1950, and that death occurred at 10:25 P.m., from the causes and on the date stated above.

23A. SIGNATURE: Martin C. Macnaughton M. D.
23B. ADDRESS: South Balto. Gen. Hosp.
23C. DATE SIGNED: 12-12-50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12/16/50
24C. NAME OF CEMETERY OR CREMATORY: Mt. Carmel
24D. LOCATION (City, town, or county) (State): Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR: DEC 16 1950
REGISTRAR'S SIGNATURE: [illegible] for Williams, M.D.
25. FUNERAL DIRECTOR: Wm Cook Inc.
ADDRESS: 127 St. Paul St

VS 150

784 6M

131a

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

T-614

50-10724

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50-10724

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be furnished if any supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. NAME OF DECEASED (Type or Print): LOUISE VICTORIA TRIBULL

2. DATE OF DEATH: 12/14/50

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): CHURCH HOME
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY: 625
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): Church Home Broadway & Fairmount Ave

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED
8. DATE OF BIRTH: Oct 4 1869
9. AGE (In years last birthday): 81
If Under 1 Year: Months: Days
If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): NONE
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Baltimore Md
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: NOT Known
14. MOTHER'S MAIDEN NAME: Not Known

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown):
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Rosands Church Home & Infirmary
ADDRESS:

MEDICAL CERTIFICATION

18. 420.0

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) Infarction Myocardium

DUE TO

(B) Arteriosclerotic Heart Disease

DUE TO

(C) Congestive Heart failure grade II-III

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Hypertrophy Prostate

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) a.m. p.m.:
INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7/1, 1948 *to* 12/14, 1950, *that I last saw the deceased alive on* 12/10, 1950, *and that death occurred at* 5 A.M., *from the causes and on the date stated above.*

23A. SIGNATURE: Donald W Munro M. D.
23B. ADDRESS: 3009 Evergreen Ave
23C. DATE SIGNED: 12/14/50

24A. BURIAL, ~~CREMATION, REMOVAL~~ (Specify): Burial
24B. DATE: 12/18/50
24C. NAME OF CEMETERY OR ~~CREMATORY~~: Loudon Park
24D. LOCATION (City, town, or county) (State): Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR: DEC 16 1950
REGISTRAR'S SIGNATURE: [illegible]
25. FUNERAL DIRECTOR: Wm Cook Inc
ADDRESS: 1217 St. Paul St

VS 150

93D

B-1 230

50-10725

CERTIFICATE CORRECTED 1-10-51

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 50-10725

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Mary Ida Best

2. DATE OF DEATH: 12/14/50

3. PLACE OF DEATH: A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1525 Kingsway Rd

C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Balto
D. STREET ADDRESS (If rural, give location): 1525 Kingsway Rd.

21-49

5. SEX: Female
6. COLOR OR RACE: White
7. ~~SINGLE, MARRIED,~~ WIDOWED, ~~DIVORCED~~ (Specify): Widowed
8. DATE OF BIRTH: 2/20/1869
9. AGE (In years last birthday): 81 ~~83~~
If Under 1 Year: Months: Days
If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At Home
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): St. Marys Co. Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: (Unknown) Tarleton
14. MOTHER'S MAIDEN NAME: Sarah June Mary Moore

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT: Albert W. Best
ADDRESS: 1525 Kingsway Rd.

MEDICAL CERTIFICATION

18. 443X

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) Myocardial Insufficiency

DUE TO

(B) Cerebral Sclerosis, Cerebritis

DUE TO

(C) & Uremia

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 1, 1950, to Dec 14, 1950, that I last saw the deceased alive on Dec 14, 1950, and that death occurred at 3:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE: John G. Schewrich M. D.
23B. ADDRESS: 1337 S. Charles St
23C. DATE SIGNED: 12/15/50

24A. BURIAL, ~~CREMATION, REMOVAL~~ (Specify): Burial
24B. DATE: 12/18/50
24C. NAME OF CEMETERY OR ~~CREMATORY~~: Cathedral
24D. LOCATION (City, town, or county) (State): Balto. Md

DATE RECEIVED BY LOCAL REGISTRAR: DEC 16 1950
REGISTRAR'S SIGNATURE: [illegible]
25. FUNERAL DIRECTOR: Wm Cook Inc.
ADDRESS: 1217 St. Paul St.

VS 150

93D

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

M 600

50-10726

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 50-10726

1. NAME OF DECEASED (Type or Print): EDNA MARR

2. DATE OF DEATH: December 12, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Maryland General Hospital
c. Length of stay in Baltimore (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 4-21
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 119 W. Franklin Street

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
8. DATE OF BIRTH
9. AGE (In years last birthday): 70 — If Under 1 Year: Months, Days — If Under 24 Hours: Hours, Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10B. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country)
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME
14. MOTHER'S MAIDEN NAME
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT — ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Arteriosclerotic cardiovascular disease

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* Inspection & Inquiry (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from:* natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE: William V. Gorski M.D.
23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR ☐
23C. DATE SIGNED: Dec. 13, 1950

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12-16-50
24C. NAME OF CEMETERY OR CREMATORY: Sacred Heart
24D. LOCATION (City, town, or county) (State): German Hill Rd

DATE RECEIVED BY LOCAL REGISTRAR: DEC 16 1950
REGISTRAR'S SIGNATURE: [illegible]
25. FUNERAL DIRECTOR: H. J. Fahey & Sons — ADDRESS: 1318 Light St

93D ✓

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 432

50-10727 JL 139459

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 50-10727

1. NAME OF DECEASED (Type or Print): Charles Flutka

2. DATE OF DEATH: 12-13-50

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Baltimore City Hospitals 4940 Eastern Ave.
C. Length of stay in Baltimore: Life (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 434 S. Robinson St.

1-02

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: June 29, 1876
9. AGE (In years last birthday): 74 | If Under 1 Year: Months, Days | If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Straw Boss (retired)
10B. KIND OF BUSINESS OR INDUSTRY: Morgan Mitchell Cannery
11. BIRTHPLACE (State or foreign country): Pa
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Matthew Flutka
14. MOTHER'S MAIDEN NAME: Dora Wilkie

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: B. C. H. Records, 4940 Eastern Ave. ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Cardio Vascular Accident. — INTERVAL BETWEEN ONSET AND DEATH: 6 hrs.
DUE TO
(B)
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7-5-50, 19__, *to* Dec. 13, 1950, *that I last saw the deceased alive on* Dec. 13, 19 50 *and that death occurred at* 3.45PM., *from the causes and on the date stated above.*

23A. SIGNATURE: [signature] M. D.
23B. ADDRESS: 4940 Eastern Ave.
23C. DATE SIGNED: 12-13-50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12/16/50
24C. NAME OF CEMETERY OR CREMATORY: Oak Hill Cemetery
24D. LOCATION (City, town, or county) (State): Horner's Lane, Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR: DEC 16 1950
REGISTRAR'S SIGNATURE: [signature]
25. FUNERAL DIRECTOR: Schimunek Funeral Home, Inc. ADDRESS: 2601-3-5 E. Madison St.

VS 150

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be clearly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

H 431
50-10728
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50-10728

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be [illegible] fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. NAME OF DECEASED (Type or Print): George Raymond Holdefer

2. DATE OF DEATH: Dec. 14, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland 944 N. Collington Ave.
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 00
C. Length of stay in Baltimore: life (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY: 705
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 944 N. Collington Ave.

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: May 19, 1891
9. AGE (In years last birthday): 59
If Under 1 Year: Months | Days
If Under 24 Hours: Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Printer
10B. KIND OF BUSINESS OR INDUSTRY: A. Hoen & Co.
11. BIRTHPLACE (State or foreign country): Baltimore, Md
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: John Henry Holdefer PRINTER
14. MOTHER'S MAIDEN NAME: Margaret E. Ramseur

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): no
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Margaret E. Holdefer, wife, above
ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 18 hours

DUE TO

(B) Coronary Sclerosis (over)

DUE TO

(C) Aneurism of Arch of Aorta — 12/2/47

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Hypertension

19A. DATE OF OPERATION: —
19B. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec. 2, 1947, *to* Dec. 14, 1950, *that I last saw the deceased alive on* Dec. 10, 1950, *and that death occurred at* 2:15 p.m., *from the causes and on the date stated above.*

23A. SIGNATURE: Vincent J. Foka M. D.
23B. ADDRESS: 2623 E. Monument St.
23C. DATE SIGNED: 12/15/50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12/18/50
24C. NAME OF CEMETERY OR CREMATORY: Baltimore Cemetery
24D. LOCATION (City, town, or county) (State): North Ave. & Rose. St. Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR: DEC 16 1950
REGISTRAR'S SIGNATURE
25. FUNERAL DIRECTOR: Schimunek Funeral Home, Inc.
ADDRESS: 2601-3-5 E. Madison St.

VS 150

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96

Was aneurysm of aorta
syphilitic or arteriosclerotic in origin?

"Non-syphilitic" See Document File 50-10728

1/8/1951 E

N 242
50-10729

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50-10729
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): ELIZABETH ANN NICKLAS

2. DATE OF DEATH: Dec. 14, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2715 St. Paul St.
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 2715 St. Paul St.

12-03

5. SEX: female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): single
8. DATE OF BIRTH: Nov. 13, 1875
9. AGE (In years last birthday): 75 | If Under 1 Year: Months, Days | If Under 24 Hours: Hours, Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ass't. Buyer
10B. KIND OF BUSINESS OR INDUSTRY: Mfg. Chemists
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: John Nicklas
14. MOTHER'S MAIDEN NAME: Eleanor M. Dorsey
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): no
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Miss Tulita Nicklas
ADDRESS: 2715 St. Paul St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

420.1

(A) Acute Coronary occlusion

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Arterio sclerosis

DUE TO

(C) chronic myocarditis

INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* some years 19__, *to* 19__ *that I last saw the deceased alive on* several months *and that death occurred at* 6 30 *a.m., from the causes and on the date stated above.*

23A. SIGNATURE: Francis J. Reilly M. D.
23B. ADDRESS: 110 E. North Ave
23C. DATE SIGNED: 12/15/50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12/18/50
24C. NAME OF CEMETERY OR CREMATORY: Loudon Park Cem.
24D. LOCATION (City, town, or county) (State): Balto., Md.

DATE RECEIVED BY LOCAL REGISTRAR: DEC 16 1950
REGISTRAR'S SIGNATURE: Acting for Williams, M.D.
25. FUNERAL DIRECTOR: Wm. J. Pickens & Sons
ADDRESS: Balto Md

VS 150

93D

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G-100

50-10730

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 50-10730

1. NAME OF DECEASED (Type or Print): ROBERT GIOVE

2. DATE OF DEATH: 12-12-50

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): UNIVERSITY HOSP. BALT.

C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MD.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BALT.
D. STREET ADDRESS (If rural, give location): 121 N. Pine Street

4-02

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): DIVORCED
8. DATE OF BIRTH: Feb. 14, 1887
9. AGE (In years last birthday): 63
If Under 1 Year: Months: Days
If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Painter
10B. KIND OF BUSINESS OR INDUSTRY: own painting Bus. CONST.
11. BIRTHPLACE (State or foreign country): Italy
12. CITIZEN OF WHAT COUNTRY? ?

13. FATHER'S NAME: Frank
14. MOTHER'S MAIDEN NAME: Stella -

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): no
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Mr Robert Giove - ADDRESS: 2021 E. Lombard St.

MEDICAL CERTIFICATION

18. 422.1

CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Congestive heart failure — INTERVAL BETWEEN ONSET AND DEATH: 2-3 wks.

DUE TO

ANTECEDENT CAUSES

(B) Arteriosclerotic C.V.D. — ?

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: ?
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12-2, 1950 *to* 12-12, 1950, *that I last saw the deceased alive on* 12-12, 1950 *and that death occurred at* 6:50 P.m., *from the causes and on the date stated above.*

23A. SIGNATURE: Herbert K. Spurs M.D.
23B. ADDRESS: University Hosp.
23C. DATE SIGNED: 12-15-50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12/16/50
24C. NAME OF CEMETERY OR CREMATORY: St. Peters Cem.
24D. LOCATION (City, town, or county) (State): Balto., Md.

DATE RECEIVED BY LOCAL REGISTRAR: DEC 16 1950
REGISTRAR'S SIGNATURE: Lucius Williams
25. FUNERAL DIRECTOR: Wm. J. Tickner & Sons
ADDRESS: Balto. Md.

VS 150

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

C-200

50-10731

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50-10731

Registered No.

1. NAME OF DECEASED (Type or Print): William Warfield Causey

2. DATE OF DEATH: Dec. 15, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland 2905 N. Charles St.
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):
C. Length of stay in Baltimore: life (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore,
D. STREET ADDRESS (If rural, give location): 2905 N. Charles St.

12 02

5. SEX: Male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Jan. 12, 1878
9. AGE (In years last birthday): 72
If Under 1 Year: Months Days
If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Lawyer
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: William W. Causey
14. MOTHER'S MAIDEN NAME: Susan Johnston

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Mrs. Anna A. Causey
ADDRESS: 2905 N. Charles St.

MEDICAL CERTIFICATION

18. 420.1

CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 3 days

DUE TO

ANTECEDENT CAUSES

(B) Arteriosclerosis — —

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify): no
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12/12, 1950 *to* 12/15, 1950, *that I last saw the deceased alive on* 12/15, 1950, *and that death occurred at* 1.45P *m., from the causes and on the date stated above.*

23A. SIGNATURE: W. Allen Deckert M. D.
23B. ADDRESS: 1114 St Paul St
23C. DATE SIGNED: 12/15/50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12/16/50
24C. NAME OF CEMETERY OR CREMATORY: Woodlawn
24D. LOCATION (City, town, or county) (State): Woodlawn, Md.

DATE RECEIVED BY LOCAL REGISTRAR: DEC 16 1950
REGISTRAR'S SIGNATURE: [illegible]
25. FUNERAL DIRECTOR: John O. Mitchell Sons
ADDRESS: 1900 Eutaw Place

VS 150

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94a

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be completely supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

J-525

50-10732

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 50-10732

1. NAME OF DECEASED (Type or Print): CARRIE EDNA JOHNSON

2. DATE OF DEATH: 12/14/50

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 3025 WINDSOR AVE.
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BALTIMORE
D. STREET ADDRESS (If rural, give location): 2700 BUNGALOW AVE.

25-05

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED
8. DATE OF BIRTH: SEPT. 1, 1879
9. AGE (In years last birthday): 71 — If Under 1 Year: Months, Days — If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): —
10B. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: JOHN SHARP
14. MOTHER'S MAIDEN NAME: UNKNOWN

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): —
(If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: —
17. INFORMANT: MRS. MELVIN SMITH — ADDRESS: 2700 BUNGALOW AVE.

MEDICAL CERTIFICATION

18. 442X

CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Hypertensive cardio vascular renal disease. — INTERVAL BETWEEN ONSET AND DEATH: ?

DUE TO

ANTECEDENT CAUSES

(B) —

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C) —

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. —

19A. DATE OF OPERATION: none
19B. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5/24/50, 19__, *to* 12/14/50, 19__, *that I last saw the deceased alive on* 12/14/, 19 50 *and that death occurred at* 12 P.M., *from the causes and on the date stated above.*

23A. SIGNATURE: Harry Deiel M.D.
23B. ADDRESS: 1226 Hanover St.
23C. DATE SIGNED: 12/16/50

24A. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: 12/18/50
24C. NAME OF CEMETERY OR CREMATORY: MAGOTHY CHURCH CEM.
24D. LOCATION (City, town, or county) (State): ANNE ARUNDEL CO., MD.

DATE RECEIVED BY LOCAL REGISTRAR: DEC 16 1950
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: JOHN F. DENNY, INC. — ADDRESS: 715 LIGHT ST.

VS 150

1310

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

J-212

50-10733

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 50-10733

1. NAME OF DECEASED (Type or Print): JOHN EDWARD JACOBS

2. DATE OF DEATH: 12/14/50

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): SOUTH BALTIMORE HOSP.
C. Length of stay in Baltimore — Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MD.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BALTIMORE
D. STREET ADDRESS (If rural, give location): 624 WASHBURN AVE

25-04

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: AUG 3, 1891
9. AGE (In years last birthday): 59 — If Under 1 Year: Months: Days — If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): CARPENTER
10B. KIND OF BUSINESS OR INDUSTRY: SHIPYARD
11. BIRTHPLACE (State or foreign country): BALTIMORE, MD.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: ALBERT JACOBS
14. MOTHER'S MAIDEN NAME: ALICE BURKE

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): YES — (If yes, give war or dates of service): WWI
16. SOCIAL SECURITY NO.: 212-14-8386
17. INFORMANT: MRS SADIE E. JACOBS — ADDRESS: 624 WASHBURN AVE

MEDICAL CERTIFICATION

18. 420.1

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Coronary Artery Disease — 2 years

DUE TO

ANTECEDENT CAUSES

(B) Chronic Myocarditis — 1 year.

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan — 1948 *to* Dec 4, 1950, *that I last saw the deceased alive on* Dec 4, 1950, *and that death occurred at* 11 A.M., *from the causes and on the date stated above.*

23A. SIGNATURE: Paul Schnfeld M. D.
23B. ADDRESS: 7301 Annapolis Rd
23C. DATE SIGNED: 12/15/50

24A. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: 12/18/50
24C. NAME OF CEMETERY OR CREMATORY: GLEN HAVEN MEM. PARK
24D. LOCATION (City, town, or county) (State): RITCHIE HIGHWAY

DATE RECEIVED BY LOCAL REGISTRAR: DEC 18 1950
REGISTRAR'S SIGNATURE: Theodore Williams, M.D.
25. FUNERAL DIRECTOR: JOHN F. DENNY, INC — ADDRESS: 715 LIGHT ST - 30

VS 150

510 3U

93D

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given if supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F-535

FOUNTAIN

50-10734

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 50-10734

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Mary J. Fountain

2. DATE OF DEATH: 12/13-50

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1810 Madison Ave
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: 1810 Madison
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore City
D. STREET ADDRESS (If rural, give location): 1810 Madison Ave.

5. SEX: Female
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Feb 16 1873
9. AGE (In years last birthday): 77
If Under 1 Year: Months Days
If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Caroline Co. Md.
12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Zacariah Cooney
14. MOTHER'S MAIDEN NAME: Wilhelmina Lockman

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.

17. INFORMANT: Mary & Oscar Haynes
ADDRESS: 1810 Madison Ave

MEDICAL CERTIFICATION

18. 334X

CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral Apoplexy & Paralysis

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/1, 1950, to 12/13, 1950, that I last saw the deceased alive on 12/13, 1950, and that death occurred at 3 p.m., from the causes and on the date stated above.

23A. SIGNATURE: Ben Rhutt M. D.
23B. ADDRESS: 2135 Druid Hill
23C. DATE SIGNED: 12/14-50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12/16/50
24C. NAME OF CEMETERY OR CREMATORY: Arlington Mem. Pk
24D. LOCATION (City, town, or county) (State): Baltimore Co.

DATE RECEIVED BY LOCAL REGISTRAR: DEC 16 1950
REGISTRAR'S SIGNATURE: Lenington Williams
25. FUNERAL DIRECTOR: Holland Funeral Home
ADDRESS: 1631 Druid Hill Ave.

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be furnished if the data are available. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M-426
50-10735

50-10735

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Max. R. Melzer

2. DATE OF DEATH: Dec 14-1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland — Balto. Md
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 6605 Sefton. Ave.
C. Length of stay in Baltimore: 44 Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): 47-05
D. STREET ADDRESS (If rural, give location): 6605 Sefton Ave

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Sept 17-1876
9. AGE (In years last birthday): 74
If Under 1 Year: Months Days
If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired 10 yrs Carpenter
10B. KIND OF BUSINESS OR INDUSTRY: Em. Lerch-Con. Co Construction
11. BIRTHPLACE (State or foreign country): Germany
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: —
14. MOTHER'S MAIDEN NAME: —

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 217-07-9515
17. INFORMANT: Mrs Chas. E. Wilmer
ADDRESS: 6605 Sefton Ave Balto. Md

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Arteriosclerotic Cardio-Vascular Disease — INTERVAL BETWEEN ONSET AND DEATH: ?

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June, 1946 *to* Dec. 14, 1950, *that I last saw the deceased alive on* Dec. 14, 1950, *and that death occurred at* 7:00 A. m., *from the causes and on the date stated above.*

23A. SIGNATURE: Nathan Janney M. D.
23B. ADDRESS: 7101 Harford Rd.
23C. DATE SIGNED: 12/14/50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12/18/50
24C. NAME OF CEMETERY OR CREMATORY: Moreland M. P. Cem
24D. LOCATION (City, town, or county) (State): Balto Md

DATE RECEIVED BY LOCAL REGISTRAR: DEC 16 1950
REGISTRAR'S SIGNATURE: Thurlington Williams, M.D.
25. FUNERAL DIRECTOR: Lassahn Funeral Home
ADDRESS: 7401 Belair Rd Balto Md

VS 150

51024

93D

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be satisfactory supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

D-100
50-10736

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 50-10736

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Edmonia Dugee

2. DATE OF DEATH: Dec. 14, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1423 W. Mulberry Street
C. Length of stay in Baltimore: 13 Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY: Balto
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Balto
D. STREET ADDRESS (If rural, give location): 1423 W. Mulberry St

5. SEX: Fe
6. COLOR OR RACE: C
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify):
8. DATE OF BIRTH: Dec 23, 1872
9. AGE (In years last birthday): 77 7 8
If Under 1 Year: Months / Days
If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Va
12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Eli Gilmore
14. MOTHER'S MAIDEN NAME: Alice ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Mrs. Gertrude Stewart Mulberry ADDRESS 1423

MEDICAL CERTIFICATION

18. 422.1

CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Arteriosclerotic Cardio-Vascular Disease

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION: 0 —
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept 6, 1950, *to* Dec 14, 1950, *that I last saw the deceased alive on* Dec 14, 1950, *and that death occurred at* 6 P.M., *from the causes and on the date stated above.*

23A. SIGNATURE: Ralph W. Redlhuy M. D.
23B. ADDRESS: 426 N. Gilmor St
23C. DATE SIGNED: 12/21/50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12/16/50
24C. NAME OF CEMETERY OR CREMATORY: Family Lot
24D. LOCATION (City, town, or county) (State): Drake Branch Va.

DATE RECEIVED BY LOCAL REGISTRAR: DEC 17 1950
REGISTRAR'S SIGNATURE:
25. FUNERAL DIRECTOR: Holland Funeral Home
ADDRESS: 1631 W. Baltimore Hill Ave.

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

B-300
50-10737

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50-10737
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Elmer EUGENE BOTT

2. DATE OF DEATH: December 15, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Johns Hopkins Hospital
c. Length of stay in Baltimore (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 5-02
D. STREET ADDRESS (If rural, give location): 211 N. High Street

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: August 29 1932
9. AGE (In years last birthday): 18 19 — If Under 1 Year: Months 3, Days 27; If Under 24 Hours: Hours, Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Kitchen Help
10B. KIND OF BUSINESS OR INDUSTRY: Restaurant.
11. BIRTHPLACE (State or foreign country): Bristol Tennessee
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: William G. Bott
14. MOTHER'S MAIDEN NAME: Trula Onakes
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 411-46-0161
17. INFORMANT: Trula Bott — ADDRESS: 211 N. High St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) E98 X
(A) Stab wound of abdomen
DUE TO
ANTECEDENT CAUSES
(B)
DUE TO
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(C)

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Hemoglobinuric nephrosis due to mismatched blood transfusions

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21A. EXTERNAL CAUSE WAS UNDERLYING [X] OR CONTRIBUTING [ ] CAUSE OF DEATH.
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.): Street
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): 700 E. Baltimore Street
21D. TIME OF INJURY (Month) (Day) (Year) (Hour): Dec. 8, 1950 11:05 P. m.
21E. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [X]
21F. HOW DID INJURY OCCUR? Stabbed during an altercation

22. *I certify that I took charge of the remains described above, held an* Autopsy (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes [ ], accident [ ], suicide [ ], homicide [X], undetermined [ ].*

23A. SIGNATURE: R B Fisher M.D.
23B. CHIEF MEDICAL EXAMINER [X] ASSISTANT MEDICAL EXAMINER [ ] MEDICAL INVESTIGATOR [ ]
23C. DATE SIGNED: Dec. 16, 1950

24A. BURIAL, CREMATION, REMOVAL (Specify): Removal
24B. DATE: Dec. 16 1950
24C. NAME OF CEMETERY OR CREMATORY:
24D. LOCATION (City, town, or county) (State): Bristol Tennessee

DATE RECEIVED BY LOCAL REGISTRAR: DEC 17 1950
REGISTRAR'S SIGNATURE: Lester Williams M.D.
25. FUNERAL DIRECTOR: Frank Della Rocco — ADDRESS: 322 S. High St.

VS 151

N-868.2 790 6M 167

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be obtained or supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

R-251 50-10738

50-10738

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Mrs Ida Rosenbloom (ROSENBLUM)

2. DATE OF DEATH: 12-16-50

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Levindale
C. Length of stay in Baltimore: 50 Yrs. ~~Mos.~~ ~~Days~~

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 13-07
D. STREET ADDRESS (If rural, give location): 2727 Auchentoroly Terrace

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widow
8. DATE OF BIRTH:
9. AGE (In years last birthday): 75 — If Under 1 Year: Months: Days — If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Leith
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Not Known
14. MOTHER'S MAIDEN NAME: Not Known

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Leon Rosenblum — ADDRESS: 4034 No Hilton

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I

493 X

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 1 week

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Cerebral Arteriosclerosis, Diabetes

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12-27-, 1949, *to* 12-16, 1950, *that I last saw the deceased alive on* 12-16, 1950, *and that death occurred at* 2 10 p. m., *from the causes and on the date stated above.*

23A. SIGNATURE: Jerome J. Blumberg M. D.
23B. ADDRESS: Levindale Home
23C. DATE SIGNED: 12-16-50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12-17-50
24C. NAME OF CEMETERY OR CREMATORY: Mt Carmel
24D. LOCATION (City, town, or county) (State): Datto Md

DATE RECEIVED BY LOCAL REGISTRAR: DEC 17 1950
REGISTRAR'S SIGNATURE:
25. FUNERAL DIRECTOR: Jack Lewis Inc
ADDRESS: 2100 Eutaw Pl

VS 150

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given if the supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M-242

ND-140141 50-10739

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50-10739

Registered No.

1. NAME OF DECEASED (Type or Print): Ella Blanche McLaughlin

2. DATE OF DEATH: Dec.15,1950

3. PLACE OF DEATH: A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Baltimore City Hospitals 4940 Eastern Avenue

C. Length of stay in Baltimore: Life (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Maryland

B. COUNTY:

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 8-06

D. STREET ADDRESS (If rural, give location): 1608 N. Rutland Avenue (13)

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Dec.4,1875

9. AGE (In years last birthday): 75 — If Under 1 Year: Months: Days — If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Franklin Holland

14. MOTHER'S MAIDEN NAME: Maria O'Hare

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give wer or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: Baltimore City Hospitals Records — ADDRESS: 4940 Eastern Avenue

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Acute Pulmonary Edema — INTERVAL BETWEEN ONSET AND DEATH: 12 Hours

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Acute Auricular Fibrillation — 12 Hours

DUE TO

(C)

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.: C. V. A. — 3 Months

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7-27, 19 50 *to* 12-15-50, 19 50 *that I last saw the deceased alive on* 12-15-, 19 50 *and that death occurred at* 10:15am *from the causes and on the date stated above.*

23A. SIGNATURE: R. B. Rogers M. D.

23B. ADDRESS: 4940 Eastern Avenue

23C. DATE SIGNED: 12-15-50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial

24B. DATE: 12/18/50

24C. NAME OF CEMETERY OR CREMATORY: Baltimore

24D. LOCATION (City, town, or county) (State): Baltimore Md

DATE RECEIVED BY LOCAL REGISTRAR: DEC 17 1950

REGISTRAR'S SIGNATURE: [illegible]

25. FUNERAL DIRECTOR: Clarence F. Hoffman — ADDRESS: 1437 Broadway

VS 150

83a

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

R-256
50-10740

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50-10740
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Conrad Rossmark

2. DATE OF DEATH: 12/14/50

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 818 S. Grundy St.
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 26-09
D. STREET ADDRESS (If rural, give location): 818 S. Grundy St.

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): M
8. DATE OF BIRTH: Oct. 23, 1873
9. AGE (In years last birthday): 77
If Under 1 Year: Months: Days
If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10B. KIND OF BUSINESS OR INDUSTRY: Laborer
11. BIRTHPLACE (State or foreign country): Baltimore
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Andrew
14. MOTHER'S MAIDEN NAME: Margaret Brown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Eva. Rossmark
ADDRESS: 818 S. Grundy St.

MEDICAL CERTIFICATION

18. 4 yr. 1

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Arteriosclerotic Cardiovascular disease

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C) Senility

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept 1950, *to* Dec 14, 1950, *that I last saw the deceased alive on* Dec 13 1950, *and that death occurred at* 9:05 A.m., *from the causes and on the date stated above.*

23A. SIGNATURE: Julius H. Goodman M. D.
23B. ADDRESS: 3400 E Balto St
23C. DATE SIGNED: 12/15/50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12/18/50
24C. NAME OF CEMETERY OR CREMATORY: Oak Lawn
24D. LOCATION (City, town, or county) (State): Baltimore Md.

DATE RECEIVED BY LOCAL REGISTRAR: DEC 17 1950
REGISTRAR'S SIGNATURE: Mrs. Jos. Williams, Sr.
25. FUNERAL DIRECTOR: Clarence F. Hoffman
ADDRESS: 1639 Broadway

VS 150

93D

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be [illegible] supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

3400 Letter.

K-240
50-10741

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50-10741
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): JOSEPH KOUGL

2. DATE OF DEATH: 12-16-50

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sinai Hospital
c. Length of stay in Baltimore (Yrs. Mos. Days): life

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 8-06
D. STREET ADDRESS (If rural, give location): 1625 Rutland Ave.

5. SEX: Male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Sept. 7, 1895
9. AGE (In years last birthday): 55 — If Under 1 Year: Months / Days — If Under 24 Hours: Hours / Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Lab. Technician
10B. KIND OF BUSINESS OR INDUSTRY: Hospital work
11. BIRTHPLACE (State or foreign country): Balto. Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Joseph J. Kougl
14. MOTHER'S MAIDEN NAME: Antonia Fretcher
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service): unknown
16. SOCIAL SECURITY NO.:
17. INFORMANT: Ada B. Kougl (wife) — ADDRESS: 1625 Rutland Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Bronchio-pneumonia
DUE TO carcinoma of the nasopharynx
(B) with metastasis to the skull
DUE TO
(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

146 X

19A. DATE OF OPERATION: 10-9-50
19B. MAJOR FINDINGS OF OPERATION: Ca of nasopharynx
20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify): None
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.): None
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): None
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 9-22, 1950, *to* 12-16, 1950, *that I last saw the deceased alive on* 12-16, 1950, *and that death occurred at* 6:30 A m., *from the causes and on the date stated above.*

23A. SIGNATURE: Joseph Louis Feingold M. D.
23B. ADDRESS: Sinai Hospital
23C. DATE SIGNED: 12-16-50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12/19/50
24C. NAME OF CEMETERY OR CREMATORY: Holy Redeemer Cemt.
24D. LOCATION (City, town, or county) (State): Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR: DEC 17 1950
REGISTRAR'S SIGNATURE: [illegible] Williams M.D.
25. FUNERAL DIRECTOR: Clarence F. Hoffmann — ADDRESS: 1639 Broadway

VS 150

094 8T

45F

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

K-165

50-10742

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50-10742

Registered No.

1. NAME OF DECEASED (Type or Print): DEITRICH KABERNAGEL

2. DATE OF DEATH: 12-14-50

3. PLACE OF DEATH:
A. Baltimore City, Maryland: Sinai Hosp.
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sinai Hosp.
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Balto. 7-01
D. STREET ADDRESS (If rural, give location): 527 N. Robinson St.

5. SEX: m
6. COLOR OR RACE: w
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Aug. 7-1888
9. AGE (In years last birthday): 62
If Under 1 Year: Months: Days
If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Roofer
10B. KIND OF BUSINESS OR INDUSTRY: Asphalt Roofing Const.
11. BIRTHPLACE (State or foreign country): Balto. Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: August Kabernagel
14. MOTHER'S MAIDEN NAME: Not Known

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Pauline B. Kabernagel
ADDRESS: 527 N. Robinson St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) peritonitis — INTERVAL BETWEEN ONSET AND DEATH: 11/12 - 12/14

DUE TO

(B) Carcinoma with liver metastasis, exact site undetermined

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 12-8-50
19B. MAJOR FINDINGS OF OPERATION: distended bowel obstruction
20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/12, 1950, to 12/14, 1950, that I last saw the deceased alive on 12/14, 1950, and that death occurred at 9:30 P m., from the causes and on the date stated above.

23A. SIGNATURE: Elmar B. Bengart M. D.
23B. ADDRESS: Sinai Hosp.
23C. DATE SIGNED: 12/14/50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: Dec. 18/50
24C. NAME OF CEMETERY OR CREMATORY: Oak Lawn Cem.
24D. LOCATION (City, town, or county) (State): Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR: DEC 17 1950
REGISTRAR'S SIGNATURE: [illegible]
25. FUNERAL DIRECTOR: John R. Miller
ADDRESS: 2334 Jefferson St.

VS 150

581 24

55E

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given if possible. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

50-10743

K-145

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

X 50-10743

Registered No.

1. NAME OF DECEASED (Type or Print): NANCY KOPLEN

2. DATE OF DEATH: DEC 16, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland HLH 2
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): THE JOHNS HOPKINS HOSPITAL
C. Length of stay in Baltimore: 7 days (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Virginia
B. COUNTY: V-43
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): DANVILLE
D. STREET ADDRESS (If rural, give location): 514 Rickett St.

5. SEX: FEMALE
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): SINGLE
8. DATE OF BIRTH: 2-21-50
9. AGE (In years last birthday): If Under 1 Year: Months 9, Days 25; If Under 24 Hours: Hours, Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): —
10B. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Danville Va.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: ALBERT KOPLEN
14. MOTHER'S MAIDEN NAME: Ruth ABRAMS
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: No
17. INFORMANT: ADDRESS: THE JOHNS HOPKINS HOSPITAL

MEDICAL CERTIFICATION

CAUSE OF DEATH

1B. 751X

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Hydrocephalus — INTERVAL BETWEEN ONSET AND DEATH: 9 mos

DUE TO

ANTECEDENT CAUSES

(B) Arnold-Chiari Malformation

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 16 Dec 50
19B. MAJOR FINDINGS OF OPERATION: Arnold-Chiari Malformation
20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12-11-, 1950, *to* 12-16-, 1950, *that I last saw the deceased alive on* 12-16-, 1950, *and that death occurred at* 4 45 pm., *from the causes and on the date stated above.*

23A. SIGNATURE: [signature] M. D.
23B. ADDRESS: THE JOHNS HOPKINS HOSPITAL
23C. DATE SIGNED: 16 Dec 50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: Dec 19-50
24C. NAME OF CEMETERY OR CREMATORY: Altychayson Cemetery
24D. LOCATION (City, town, or county) (State): Danville Va

DATE RECEIVED BY LOCAL REGISTRAR: DEC 17 1950
REGISTRAR'S SIGNATURE: [signature]
25. FUNERAL DIRECTOR: Earl B Walbert
ADDRESS: 403 E. 25th St.

Vs 150

157a

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

A·130

50-10744

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50-10744

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): BETTY ABBOTT

2. DATE OF DEATH: 12/16/1950.

3. PLACE OF DEATH: A. Baltimore City, Maryland Balto. Md.

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Franklin Square

C. Length of stay in Baltimore: Life Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Md

B. COUNTY:

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 13-06

D. STREET ADDRESS (If rural, give location): 3426 Chestnut Ave.

5. SEX: Fe

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: 7/3/1926

9. AGE (In years last birthday): 24 | If Under 1 Year: Months Days | If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Machine Operator

10B. KIND OF BUSINESS OR INDUSTRY: Commercial Envelope Co. PAPER ENV. (M)

11. BIRTHPLACE (State or foreign country): Md

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Hugh Abbott

14. MOTHER'S MAIDEN NAME: Edith Younger

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Franklin Square ADDRESS

MEDICAL CERTIFICATION

18. 299X

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

(A) Subarachnoid hemorrhage — 12 hours

DUE TO Left subdural hemorrhage

(B) Cause undetermined

DUE TO possibly secondary to

(C) blood dyscrasia

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: —

19B. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21E. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12/15, 1950 *to* 12/16, 1950 *that I last saw the deceased alive on* 12/16, 1950, *and that death occurred at* 11:40 P.M., *from the causes and on the date stated above.*

23A. SIGNATURE: J. Fred Hawkins Jr. M. D.

23B. ADDRESS: Franklin Square Hosp.

23C. DATE SIGNED: 12/16/50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial

24B. DATE: Dec 19/50

24C. NAME OF CEMETERY OR CREMATORY: Greenmount.

24D. LOCATION (City, town, or county) (State): Carroll Co. Md

DATE RECEIVED BY LOCAL REGISTRAR: DEC 17 1950

REGISTRAR'S SIGNATURE:

25. FUNERAL DIRECTOR: Austin E. Donovan ADDRESS: 3818 Roland Ave

VS 150

690 4L

83a

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given, if supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

V-252

50-10745

50-10745

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): ELLA P. VOSMUS.

2. DATE OF DEATH: DEC 15, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2014 ROCKROSE AVE
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)
A. STATE: MARYLAND.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BALTIMORE 13-08
D. STREET ADDRESS (If rural, give location): 2014 ROCKROSE AVE

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): WIDOW
8. DATE OF BIRTH: MAR 15, 1862
9. AGE (In years last birthday): 88
If Under 1 Year: Months: Days
If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWORK
10B. KIND OF BUSINESS OR INDUSTRY: –
11. BIRTHPLACE (State or foreign country): NEW YORK.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: JOSEPH L. PATTERSON
14. MOTHER'S MAIDEN NAME: SARAH ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): –
(If yes, give war or dates of service): –
16. SOCIAL SECURITY NO.: –
17. INFORMANT: MARY M. VOSMUS
ADDRESS: 2014 ROCKROSE AVE.

MEDICAL CERTIFICATION

18. 420.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 1 HR.

DUE TO

(B) Coronary Arteriosclerosis

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec. 15, 1950 *to* Dec. 15, 1950 *that I last saw the deceased alive on* _____, 19____ *and that death occurred at* 3 a. m., *from the causes and on the date stated above.*

23A. SIGNATURE: Edward L. Hamman M. D.
23B. ADDRESS: 4037 Bath Rd.
23C. DATE SIGNED: 12/15/50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: Dec 18/50
24C. NAME OF CEMETERY OR CREMATORY: St. Mary's
24D. LOCATION (City, town, or county) (State): Hampden Roland Ave, Md

DATE RECEIVED BY LOCAL REGISTRAR: DEC 17 1950
REGISTRAR'S SIGNATURE: Theodore Williams
25. FUNERAL DIRECTOR: Austin E. Donovan
ADDRESS: 3818 Roland Ave

94a

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

B-652
50-10746

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50-10746
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Benson Barnes

2. DATE OF DEATH: 12-14-50

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bay Wide Rest Home
2103 W. Cold Spring Lane
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 17-03
D. STREET ADDRESS (If rural, give location): 513 N. Fremont Ave

5. SEX: Male
6. COLOR OR RACE: Col.
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): W
8. DATE OF BIRTH: Jan. 19, 1884
9. AGE (In years last birthday): 66
If Under 1 Year: Months: Days:
If Under 24 Hours: Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Handy Man
10B. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Calvert Co., Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George Barnes
14. MOTHER'S MAIDEN NAME: Emma Coates

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Lorraine Barnes
ADDRESS: Portsmouth Va.

MEDICAL CERTIFICATION

18. 4221

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Arteriosclerotic Cardiovascular Disease — Unknown
DUE TO

ANTECEDENT CAUSES
(B)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
DUE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Marked cachexia + dehydration — Unknown

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* Autopsy, Inspection or Inquiry *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☐, *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

23A. SIGNATURE: Robert B. Madden M.D.
23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☐
23C. DATE SIGNED: 12-14-50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12/17/50
24C. NAME OF CEMETERY OR CREMATORY: Brooks Chapel
24D. LOCATION (City, town, or county) (State): Calvert Co., Md.

DATE RECEIVED BY LOCAL REGISTRAR: DEC 17 1950
REGISTRAR'S SIGNATURE
25. FUNERAL DIRECTOR: Charles A. Rice
ADDRESS: 661 W. Baltimore St.

VS 151

970 8A

93D

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M-620
50-10747

50-10747

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Anna A. Myers (MEYERS)

2. DATE OF DEATH: 12-14-50

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Jenkins Memorial, Balto Md.
C. Length of stay in Baltimore — Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 9-08
D. STREET ADDRESS (If rural, give location): 517 E. 22nd Street

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: 1874
9. AGE (In years last birthday): 76
If Under 1 Year: Months / Days
If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none
10B. KIND OF BUSINESS OR INDUSTRY: -
11. BIRTHPLACE (State or foreign country): Baltimore, Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Joseph C. Meyers
14. MOTHER'S MAIDEN NAME: Elizabeth Meyers

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): -
(If yes, give war or dates of service): -
16. SOCIAL SECURITY NO.: -
17. INFORMANT: Mrs. Walter R. Hough
ADDRESS: 517 E. 22nd St

MEDICAL CERTIFICATION

18. 331X

CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebro-Vascular Accident — INTERVAL BETWEEN ONSET AND DEATH: 12-8-50

DUE TO

ANTECEDENT CAUSES

(B) — 12-14-50

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June, 1950, *to* Dec 14, 1950 *that I last saw the deceased alive on* 12-8-50, 1950, *and that death occurred at* 12 4. m., *from the causes and on the date stated above.*

23A. SIGNATURE: A. R. Sosnowski M. D.
23B. ADDRESS: St. Agnes Hosp
23C. DATE SIGNED: 12-14-50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12/18/50
24C. NAME OF CEMETERY OR CREMATORY: Greenmount Cem
24D. LOCATION (City, town, or county) (State): City

DATE RECEIVED BY LOCAL REGISTRAR:
REGISTRAR'S SIGNATURE:
25. FUNERAL DIRECTOR: Wiedefeld & Son
ADDRESS: GREENMOUNT AVE & 22ND

VS 150

DEC 17 1950

83a

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

50-10748

S-360

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50-10748

Registered No.

1. NAME OF DECEASED (Type or Print): May Starr

2. DATE OF DEATH: 12/15/50

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mercy Hospital
c. Length of stay in Baltimore: 30 (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 12-04
D. STREET ADDRESS (If rural, give location): 334 E 20th St.

5. SEX: F
6. COLOR OR RACE: Wht
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 5/6/1893
9. AGE (In years last birthday): 57
If Under 1 Year: Months: Days
If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Waitress
10B. KIND OF BUSINESS OR INDUSTRY: Restr.
11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Charles McDonald
14. MOTHER'S MAIDEN NAME: Clorus Belle Unger

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service): –
16. SOCIAL SECURITY NO.:
17. INFORMANT: C. Belle Unger
ADDRESS: Same

MEDICAL CERTIFICATION

18. 260 X

CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Uremia — INTERVAL BETWEEN ONSET AND DEATH: 7 days

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Pyohydronephrosis — 2 years

DUE TO

(C) Arteriosclerotic Heart Disease

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Diabetes Mellitus

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12/1, 1950, *to* 12/15, 1950, *that I last saw the deceased alive on* 12/15, 1950, *and that death occurred at* 6 55 *m., from the causes and on the date stated above.*

23A. SIGNATURE: Paul J. Richardson M. D.
23B. ADDRESS: Mercy Hosp.
23C. DATE SIGNED: 12/15/50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12/19/50
24C. NAME OF CEMETERY OR CREMATORY: Mt. Heberon Cem.
24D. LOCATION (City, town, or county) (State): Winchester, Va.

DATE RECEIVED BY LOCAL REGISTRAR:
REGISTRAR'S SIGNATURE: [illegible]
25. FUNERAL DIRECTOR: Wiedefeld & Son
ADDRESS: GREENMOUNT AVE & 22ND

DEC 17 1950

VS 150

784 6M

61

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

J-641

50-10749

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50-10749

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): HEROLD JARLOFF

2. DATE OF DEATH: Dec 13, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland — Baltimore City
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 311 S. Lehigh ST.
c. Length of stay in Baltimore: 40 yrs. (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A. STATE: Md.
B. COUNTY: 26-07
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore City
D. STREET ADDRESS (If rural, give location): 311 S. Lehigh St

5. SEX: Male.
6. COLOR OR RACE: White.
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Oct 3. 1886.
9. AGE (In years last birthday): 64.
If Under 1 Year: Months / Days
If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ship Painter
10B. KIND OF BUSINESS OR INDUSTRY: Ship Yard.
11. BIRTHPLACE (State or foreign country): Norway
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Catherine Jarloff — ADDRESS: 311 S Lehigh St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Arteriosclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: 1 Month

DUE TO

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C)

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* Inquiry (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☒ *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

23A. SIGNATURE: R. S. Fisher M.D.
23B. CHIEF MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☐
23C. DATE SIGNED: 12/16/50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial.
24B. DATE: Dec 18, 1950
24C. NAME OF CEMETERY OR CREMATORY: Park Lawn.
24D. LOCATION (City, town, or county) (State): Eastern ave. Essex

DATE RECEIVED BY LOCAL REGISTRAR: DEC 17 1950
REGISTRAR'S SIGNATURE: [illegible] Williams M.D.
25. FUNERAL DIRECTOR: Wendell Klipple
ADDRESS: 315 S. Highland Ave

VS 151

5643U 93D

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be c[illegible] supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legi[illegible]y.

D-500 50-10750

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50-10750

Registered No.

1. NAME OF DECEASED (Type or Print): ANNA Maria Danna

2. DATE OF DEATH: Dec. 15 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland 636 S. Macon St.
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 00
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 26-07
D. STREET ADDRESS (If rural, give location): 636 S. Macon St.

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: July 13 1879
9. AGE (In years last birthday): 71
If Under 1 Year: Months 5 Days 2
If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Italy
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Salvatore Alfano
14. MOTHER'S MAIDEN NAME: Maddalena Marino

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: ANGELO DANNA ADDRESS: 636 S. MACON ST

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Arteriosclerotic Cardio-Vascular — INTERVAL BETWEEN ONSET AND DEATH: 1 yr.
DUE TO Renal Disease

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)
DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. NA

19A. DATE OF OPERATION: no
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify): no
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 1st, 1950, to Dec. 15th, 1950, that I last saw the deceased alive on Dec 15, 1950, and that death occurred at 1:00 P. m., from the causes and on the date stated above.

23A. SIGNATURE: James H White M. D.
23B. ADDRESS: 422 Eastern Ave. Baltimore 21 Md.
23C. DATE SIGNED: Dec. 19, 1950

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: Dec. 18 1950
24C. NAME OF CEMETERY OR CREMATORY: Sacred Heart of Jesus
24D. LOCATION (City, town, or county) (State): German Hill Rd. Dundalck Md.

DATE RECEIVED BY LOCAL REGISTRAR: DEC 18 1950
REGISTRAR'S SIGNATURE: Martin Luther Williams M.D.
FUNERAL DIRECTOR: Frank Weller Koch
ADDRESS: 322 S. High St.

VS 150

131a

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be [illegible] supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

50-10751 524

BIRTH NO. N.R.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 50-10751

1. NAME OF DECEASED (Type or Print): Nancy Hensley

2. DATE OF DEATH: Dec 16, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland Surg Hal 3
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): THE JOHNS HOPKINS HOSPITAL
C. Length of stay in Baltimore Yrs. Mos. Days 23

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Tenn
B. COUNTY: V-39
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Copper Mills
D. STREET ADDRESS (If rural, give location):

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Child
8. DATE OF BIRTH: 9-20-'48
9. AGE (In years last birthday): 2 yrs — If Under 1 Year: Months: Days: If Under 24 Hours: Hours: Min.:
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Penn
12. CITIZEN OF WHAT COUNTRY?:
13. FATHER'S NAME: Victor Hensley
14. MOTHER'S MAIDEN NAME: Mae Ruth — ?
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown):
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: ADDRESS: THE JOHNS HOPKINS HOSPITAL

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Congenital heart disease, cyanotic type, pulmonary atresia and pseudo-truncus arteriosus

DUE TO

(B)

DUE TO

(C)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

INTERVAL BETWEEN ONSET AND DEATH: Congenital

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.: Operation for 1

19A. DATE OF OPERATION: 12-16-50
19B. MAJOR FINDINGS OF OPERATION: As above
20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?:

22. I hereby certify that I attended the deceased from 12-15-, 1950 to 12-16-, 1950 that I last saw the deceased alive on 12-16, 1950 and that death occurred at 11:00 A m., from the causes and on the date stated above.

23A. SIGNATURE: AS Morrow M. D.
23B. ADDRESS: THE JOHNS HOPKINS HOSPITAL
23C. DATE SIGNED: 12-16-50

24A. BURIAL, CREMATION, REMOVAL (Specify): Removal
24B. DATE: Dec. 17, 1950
24C. NAME OF CEMETERY OR CREMATORY: Copper Hill
24D. LOCATION (City, town, or county) (State): Copper Hill Tenn.

DATE RECEIVED BY LOCAL REGISTRAR: DEC 17 1950
REGISTRAR'S SIGNATURE: Elizabeth Williams, M.D.
25. FUNERAL DIRECTOR: W. Cook, Inc.
ADDRESS: 1217 St Paul St.

VS-150

157E

F-425 50-10752

50-10752

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): SARAH FLAXMAN

2. DATE OF DEATH: December 16, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 5711 Gist Avenue
C. Length of stay in Baltimore: 45 yrs. (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 2-7-19
D. STREET ADDRESS (If rural, give location): 5711 Gist Avenue

5. SEX: female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): WIDOW
8. DATE OF BIRTH: 1885
9. AGE (In years last birthday): 65 — If Under 1 Year: Months: Days — If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10B. KIND OF BUSINESS OR INDUSTRY: own home
11. BIRTHPLACE (State or foreign country): Russia
12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: Nathan Egorin
14. MOTHER'S MAIDEN NAME: Goldie ??

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Mr. Abe Egorin — ADDRESS: 5711 Gist Avenue

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) 420.1

(A) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 4 weeks

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct 1950 *to* Dec 16, 1950, *that I last saw the deceased alive on* Dec 16, 1950, *and that death occurred at* 11 50 p *m., from the causes and on the date stated above.*

23A. SIGNATURE: Edward A Mallins M.D.
23B. ADDRESS: 1847 W. North Ave
23C. DATE SIGNED: 12/17/50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12/18/50
24C. NAME OF CEMETERY OR CREMATORY: Workmen Circle, German Hill Road
24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE RECEIVED BY LOCAL REGISTRAR: DEC 18 1950
REGISTRAR'S SIGNATURE: Christopher Williams M.D.
25. FUNERAL DIRECTOR: Sol. Levinson & Bros. — ADDRESS: 1124-26 W. North Ave.

VS 150

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50-10753

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): KATHERINE M. LEYH

2. DATE OF DEATH: Dec 15. 1950

3. PLACE OF DEATH: A. Baltimore City, Maryland 2601 Ailsa Ave

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

C. Length of stay in Baltimore: Life (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 27-03
D. STREET ADDRESS (If rural, give location): 2601 Ailsa Ave

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Nov. 9. 1873
9. AGE (In years last birthday): 77 — If Under 1 Year: Months, Days — If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife
10B. KIND OF BUSINESS OR INDUSTRY: At Home
11. BIRTHPLACE (State or foreign country): Baltimore Md
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John H. Lohmeyer
14. MOTHER'S MAIDEN NAME: Sabina Steiner

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): —
(If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: no
17. INFORMANT: Henry G. Leyh 2601 Ailsa Ave (ADDRESS)

MEDICAL CERTIFICATION

18. 463 X

CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Pulmonary embolus — INTERVAL BETWEEN ONSET AND DEATH: 20 minutes

DUE TO

ANTECEDENT CAUSES

(B) Saphenous phlebitis — 10-15 years

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C) Chronic recurrent phlebitis

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Herpes Zoster 4-5 Rt Thoracic

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* March, 1942, *to* Dec 15, 1950, *that I last saw the deceased alive on* Dec 15, 1950, *and that death occurred at* 9.30 P. m., *from the causes and on the date stated above.*

23A. SIGNATURE: H. V. Harlold M. D.
23B. ADDRESS: 4706 Harford Road
23C. DATE SIGNED: 12-16-50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: Dec 18 1950
24C. NAME OF CEMETERY OR CREMATORY: Loudon Park
24D. LOCATION (City, town, or county) (State): Baltimore Md

DATE RECEIVED BY LOCAL REGISTRAR: DEC 18 1950
REGISTRAR'S SIGNATURE: Lexington Williams M.D.
25. FUNERAL DIRECTOR: Mr. & Mrs. John H. Teufel & Son
ADDRESS: 5311 Edmondson Ave

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be c[illegible] supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F-632 50-10754
A-200

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 50-10754

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Nicholas Fritz (AKA) Joseph

2. DATE OF DEATH: Dec. 14, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland 7 N. Glover St.,
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)
C. Length of stay in Baltimore: Lifetime (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 6-02
D. STREET ADDRESS (If rural, give location): 7 N. Glover St.

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Sept. 25, 1889
9. AGE (In years last birthday): 61
If Under 1 Year: Months / Days
If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10B. KIND OF BUSINESS OR INDUSTRY: Federal Tin Co. METAL CONTAINERS (M)
11. BIRTHPLACE (State or foreign country): Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Charles Fritz
14. MOTHER'S MAIDEN NAME: Mary Sudhausen

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No.
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 212-01-5578
17. INFORMANT: Mrs. Viola Fritz ADDRESS: 7 N. Glover St.

MEDICAL CERTIFICATION

18. 420.1

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

(A) Coronary Thrombosis — 1/2 hour

DUE TO

ANTECEDENT CAUSES

(B) Arteriosc. C.V. disease — 6 Mos.

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* JAN. *,* 1950 *, to* Dec. 14 *,* 1950 *, that I last saw the deceased alive on* Dec. 13 *,* 1950 *, and that death occurred at* 10 A. *m., from the causes and on the date stated above.*

23A. SIGNATURE: Benj. B. Moses M. D.
23B. ADDRESS: 448 N. Lucerne Ave
23C. DATE SIGNED: 12/15/50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12/18/50
24C. NAME OF CEMETERY OR CREMATORY: Woodlawn
24D. LOCATION (City, town, or county) (State): Woodlawn, Md.

DATE RECEIVED BY LOCAL REGISTRAR: DEC 18 1950
REGISTRAR'S SIGNATURE: Carlington Williams, M.D.
25. FUNERAL DIRECTOR: Ullrich Funeral Home ADDRESS: 2008 Orleans St.

VS 150

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be c[illegible] supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legi[illegible]y.

L-2-00

50-10755

50-10755

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): HERMAN LASKE.

2. DATE OF DEATH: 12/14/50.

3. PLACE OF DEATH:
A. Baltimore City, Maryland ✓
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Church Home & Hospital.
C. Length of stay in Baltimore: 35 Yrs. Mos. Days — life.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore. 7-05
D. STREET ADDRESS (If rural, give location): 537 N. Washington St.

5. SEX: M.
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married.
8. DATE OF BIRTH: Sept 14-1869.
9. AGE (In years): 81 yrs. (If Under 1 Year: Months, Days; If Under 24 Hours: Hours, Min.)

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): accountant
10B. KIND OF BUSINESS OR INDUSTRY: B & L Assn
11. BIRTHPLACE (State or foreign country): Baltimore.
12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: Joseph Laske.
14. MOTHER'S MAIDEN NAME: Amelia Schiffres

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Church Home & Hospital
ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH

DUE TO

(B)

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12/14/, 19 50, *to* 12/14, 19 50, *that I last saw the deceased alive on* 12/14/, 19 50 *and that death occurred at* 3.15 p. m., *from the causes and on the date stated above.*

23A. SIGNATURE: Kirk Moore M.D. M. D.
23B. ADDRESS: Church Home & Hospital
23C. DATE SIGNED: 12/14/50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12/18/50
24C. NAME OF CEMETERY OR CREMATORY: St Matthews
24D. LOCATION (City, town, or county) (State): Balto

DATE RECEIVED BY LOCAL REGISTRAR: DEC 18 1950
REGISTRAR'S SIGNATURE: Washington Williams, M.D.
25. FUNERAL DIRECTOR: Ullrich Funeral Home
ADDRESS: 2008 Orleans

VS 150

83 B

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M-560 50-10756

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given if supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50-10756

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): MINEAR, SUSAN

2. DATE OF DEATH: Dec 15 5:10 p m

3. PLACE OF DEATH:
A. Baltimore City, Maryland Sinai
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sinai Hosp
C. Length of stay in Baltimore — Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY: Baltimore
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Dundalk 5300
D. STREET ADDRESS (If rural, give location): 7442 Meadow Lane

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: June 24-1904
9. AGE (In years last birthday): 46 — If Under 1 Year: Months, Days — If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): at home
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Morgantown - W. Va
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Will Send in
14. MOTHER'S MAIDEN NAME: Will Send in

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Walter J. Minear — ADDRESS: 7442 Meadow Lane

MEDICAL CERTIFICATION

18. 422.1

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Intracerebral Hemorrhage

DUE TO

ANTECEDENT CAUSES

(B) Arteriosclerotic Cardiovascular D.

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec 12, 1950, *to* Dec 15, 1950, *that I last saw the deceased alive on* Dec 15, 1950, *and that death occurred at* 5:10 p m., *from the causes and on the date stated above.*

23A. SIGNATURE: Frank Hunter M. D.
23B. ADDRESS: Sinai H. Baltimore
23C. DATE SIGNED: Dec 16 50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12/19/50
24C. NAME OF CEMETERY OR CREMATORY: Sacred Heart
24D. LOCATION (City, town, or county) (State): Balto Co

DATE RECEIVED BY LOCAL REGISTRAR: DEC 18 1950
REGISTRAR'S SIGNATURE: Martin Williams M.D.
25. FUNERAL DIRECTOR: Uhlich Funeral Home — ADDRESS: 2112 Dundalk

VS 150

93D

010. 50-10757

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50-10757

Registered No.

BTH NO.

NAME OF DECEASED (Type or Print): PHILLIP GRAFF

2. DATE OF DEATH: 14 Dec 50

PLACE OF DEATH: Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 23-03
D. STREET ADDRESS (If rural, give location): 1714 Light St.

FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Good Samaritan Hospital 27 N. Carey St.

c. Length of stay in Baltimore: Yrs. Mos. Days

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widower
8. DATE OF BIRTH: 5-14-1866
9. AGE (In years last birthday): 84
If Under 1 Year: Months: Days
If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY: Furniture Finisher
11. BIRTHPLACE (State or foreign country):
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Raymond Graff.
14. MOTHER'S MAIDEN NAME: Dena Reifner.

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown):
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Mrs. Margaret Eslin ADDRESS: 1714 Light St.

MEDICAL CERTIFICATION

18. 442 X

CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Uremia

DUE TO

(B) Chronic glomerular nephritis

DUE TO

(C) Chronic hypertension and arteriosclerotic cardio-vascular and renal disease.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 28 Nov, 1950, *to* 14 Dec, 1950, *that I last saw the deceased alive on* 14 Dec 1950 *and that death occurred at* 10 55 P m., *from the causes and on the date stated above.*

23A. SIGNATURE: Emil H. Henning Jr M. D.
23B. ADDRESS: 601 Winans Way
23C. DATE SIGNED: 15 Dec 50

24A. BURIAL, ~~CREMATION, REMOVAL (Specify)~~: 12-18-50
24B. DATE:
24C. NAME OF CEMETERY OR CREMATORY: Sehwartz
24D. LOCATION (City, town, or county) (State): Baltimore Md.

DATE RECEIVED BY LOCAL REGISTRAR: DEC 18 1950
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Lilly & Zeibe Inc
ADDRESS: Eastern Ave & Wolfe

VS 150

131a

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

B-653 50-10758

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 50-10758

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Mattie Christian Burnett (Mrs. William)

2. DATE OF DEATH: December 15, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Union Memorial Hospital
C. Length of stay in Baltimore: Yrs. 44 Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 15-38
D. STREET ADDRESS (If rural, give location): 2607 Roslyn Ave

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widow
8. DATE OF BIRTH: Oct. 15, 1876
9. AGE (In years last birthday): 74 — If Under 1 Year: Months: Days: If Under 24 Hours: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10B. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: William H. Smith
14. MOTHER'S MAIDEN NAME: Maria C. Woodland
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Margaret E. Christian — ADDRESS: 2609 Roslyn Ave Balto. Md

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) ARTERIOSCLEROTIC HEART DIS. — INTERVAL BETWEEN ONSET AND DEATH: ?

~~DUE TO~~

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) PULMONARY EMBOLI, MULTIPLE & BILATERAL — ?

~~DUE TO~~

(C) THROMBOSIS, UTERINE VEINS — ?

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: —
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ✓ NO

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 9, 1950 to Dec. , 1950 that I last saw the deceased alive on Dec. 15, 1950, and that death occurred at 8:30 P.m. from the causes and on the date stated above.

23A. SIGNATURE M. D.: Richard Bean
23B. ADDRESS: Union Memorial Hospital
23C. DATE SIGNED: 12/15/50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12/18/50
24C. NAME OF CEMETERY OR CREMATORY: Lorraine Cem.
24D. LOCATION (City, town, or county) (State): Woodlawn Md.

DATE RECEIVED BY LOCAL REGISTRAR: DEC 18 1950
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Wm. J. Pickens & Son
ADDRESS: Balto. Md. 937

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

50-10759

G-650

50-10759

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Moody Graham

2. DATE OF DEATH: 15 Dec 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Church Home & Hospital
C. Length of stay in Baltimore: 40 Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)
A. STATE: Maryland
B. COUNTY: None
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 9-04
D. STREET ADDRESS (If rural, give location): 611 Montpelier St.

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 21 August 1878
9. AGE (In years last birthday): 72
If Under 1 Year: Months: Days
If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Unknown (Retired)
10B. KIND OF BUSINESS OR INDUSTRY: WOODWORKER FURN. (4)
11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY? United States

13. FATHER'S NAME: Joseph Graham
14. MOTHER'S MAIDEN NAME: Fannie Hubbard.

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: (Patient) ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Carcinoma of Sigmoid Colon with Metastases
DUE TO
(B) Acute peritonitis — 10 days
DUE TO
(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

153X

19A. DATE OF OPERATION: 29 Nov 1950
19B. MAJOR FINDINGS OF OPERATION: Carcinoma of Sigmoid & Metastases
20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 20 Nov, 1950, *to* 15 Dec, 1950, *that I last saw the deceased alive on* 15 Dec 1950, *and that death occurred at* 11:45 P *m., from the causes and on the date stated above.*

23A. SIGNATURE: Ronald Lester M. D.
23B. ADDRESS: Church Home & Hosp.
23C. DATE SIGNED: 16 Dec, 50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12/18/50
24C. NAME OF CEMETERY OR CREMATORY: Loudon Park
24D. LOCATION (City, town, or county) (State): Balto Md

DATE RECEIVED BY LOCAL REGISTRAR: DEC 18 1950
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Wm. J. Tickner & Sons
ADDRESS: Balto. Md.

VS 150

690 33

46E

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

S-516

50-10760

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50-10760

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): HALLIE FENTON SANFORD

2. DATE OF DEATH: Dec. 15, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Doctor's Hosp.
49
C. Length of stay in Baltimore (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 20-03
D. STREET ADDRESS (If rural, give location): 1907 Hollins St.

5. SEX: female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): widow
8. DATE OF BIRTH: May 6, 1885
9. AGE (In years last birthday): 65 | If Under 1 Year: Months, Days | If Under 24 Hours: Hours, Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10B. KIND OF BUSINESS OR INDUSTRY: at home
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: John F. Sisson
14. MOTHER'S MAIDEN NAME: Patsy Clark
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, or nokoowo): – (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Miss Nancy Sanford ADDRESS: 1907 Hollins St.

MEDICAL CERTIFICATION

18. 442X

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Acidosis + uremia due to Nephrosclerosis — 2 years?

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Hypertensive cardiovascular renal disease — many years?

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Generalized arteriosclerosis — many years

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 8/15/, 1950, *to* 12/16/, 1950, *that I last saw the deceased alive on* 12/15/1950, *and that death occurred at* ____ *m., from the causes and on the date stated above.*

23A. SIGNATURE: Naomi Friedman M. D.
23B. ADDRESS: 1737 E. North Ave.
23C. DATE SIGNED: 12/16/50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12/19/50
24C. NAME OF CEMETERY OR CREMATORY: Mt. Olivet Cem.
24D. LOCATION (City, town, or county) (State): Balto., Md.

DATE RECEIVED BY LOCAL REGISTRAR: DEC 18 1950
REGISTRAR'S SIGNATURE: Hartington Williams, M.D.
25. FUNERAL DIRECTOR: Wm. J. Tickner & Sons
ADDRESS: Balto. Md.

VS 150

1310

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be correct if supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

50-10761

50-10761

BIRTH NO. 8-610

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

1. NAME OF DECEASED (Type or Print): WILLIAM SINKLER DARBY

2. DATE OF DEATH: Dec. 15, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Ardleigh Nursing Home 2075 Rockrose Ave.
C. Length of stay in Baltimore: Yrs. Mos. Days 60

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 11-02
D. STREET ADDRESS (If rural, give location): 101 W. Monument St.

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: ? 1878
9. AGE (In years last birthday): 72
If Under 1 Year: Months Days
If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mfgrs. Representative
10B. KIND OF BUSINESS OR INDUSTRY: - ELECTRICAL SPECIALTIES
11. BIRTHPLACE (State or foreign country): U. S. A.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: -- Darby
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): no
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Mr. Jacob S. New
ADDRESS: Fiedlity Bldg.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cachexia - malnutrition — INTERVAL BETWEEN ONSET AND DEATH: 12 mos

DUE TO

(B) Psychosis - Paranoid

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Arteriosclerosis -

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov, 1950, to Dec 15, 1950 that I last saw the deceased alive on Dec 15, 1950 and that death occurred at 11:00 p.m., from the causes and on the date stated above.

23A. SIGNATURE: Joseph C. Matchar M.D.
23B. ADDRESS: 3623 Liberty Hgts
23C. DATE SIGNED: Dec 16, 1950

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12/18/50
24C. NAME OF CEMETERY OR CREMATORY: Druid Ridge Cem.
24D. LOCATION (City, town, or county) (State): Pikesville, Md.

DATE RECEIVED BY LOCAL REGISTRAR: DEC 18 1950
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Wm. J. Tickner & Sons
ADDRESS: Balto

VS 150

4903M

97 Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and in [illegible].

FLORENCE MYERS

M-620 50-10762

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50-10762

Registered No.

1. NAME OF DECEASED (Type or Print): Florence Myers

2. DATE OF DEATH: 12-15-50

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 60 Bar-Wilkins. home.
C. Length of stay in Baltimore: 40 Yrs. ~~Mos.~~ ~~Days~~

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): City of Balto.
D. STREET ADDRESS (If rural, give location): 1122 Etting st. 17-O

5. SEX: F
6. COLOR OR RACE: Col.
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): W
8. DATE OF BIRTH: Apr 10 1884
9. AGE (In years last birthday): 66
If Under 1 Year: Months: Days: If Under 24 Hours: Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Demonstr
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Cooksville Md
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Samuel Scott
14. MOTHER'S MAIDEN NAME: ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: William Scott ADDRESS: 1122 Etting st

MEDICAL CERTIFICATION

18. 422.1

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cardio Vascular Degeneration ?

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec 13, 1950, *to* Dec 13, 19 9, *that I last saw the deceased alive on* Dec. 13, 1950, *and that death occurred at* 9 a m., *from the causes and on the date stated above.*

23A. SIGNATURE: Wm R Johnson M. D.
23B. ADDRESS: 405 Med Arts Bldg
23C. DATE SIGNED: 12/16/50

24A. BURIAL, CREMATION, REMOVAL (Specify): B.
24B. DATE: 12/18/50
24C. NAME OF CEMETERY OR CREMATORY: Bushpark
24D. LOCATION (City, town, or county) (State): Cooksville Md

DATE RECEIVED BY LOCAL REGISTRAR: DEC 18 1950
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Joseph L. Riss ADDRESS: 1200 McCulloh st.

VS 150

7208A

93D

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

B-530

50-10763

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50-10763

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): William F. Bundy

2. DATE OF DEATH: Dec. 13, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2011 Hargrove Alley
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 12-04
D. STREET ADDRESS (If rural, give location): 2011 Hargrove Alley

5. SEX: Male
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Jan 3, 1879
9. AGE (In years last birthday): 71 — If Under 1 Year: Months: Days: If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10B. KIND OF BUSINESS OR INDUSTRY: general
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Robert Bundy
14. MOTHER'S MAIDEN NAME: Ruth Morton

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Mr. Walter Bundy — ADDRESS: 2011 Hargrove Al.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 10 days.

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 3, 1950, to Dec 13, 1950, that I last saw the deceased alive on Dec. 13, 1950 and that death occurred at 4 a m., from the causes and on the date stated above.

23A. SIGNATURE: [illegible] M. D.
23B. ADDRESS: 1329 Gaceford Ave.
23C. DATE SIGNED: Dec 15-50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12-18-50
24C. NAME OF CEMETERY OR CREMATORY: Mt. Auburn Cem
24D. LOCATION (City, town, or county) (State): Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR: DEC 18 1950
REGISTRAR'S SIGNATURE: [illegible]
25. FUNERAL DIRECTOR: Mrs Frances A. Hensley — ADDRESS: 578 W. Biddle St.

VS 150

97099

83a

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be correct if supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

L-100

50-10764

50-10764

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): ESTHER LEVI (LEVY)

2. DATE OF DEATH: 12-17-50

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 3721 Park Heights Ave
C. Length of stay in Baltimore: 45 Yrs. ~~Mos.~~ ~~Days~~

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY: 15-12
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 3721 Park Heights Ave

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widow
8. DATE OF BIRTH: 2-2-1878
9. AGE (In years last birthday): 72
If Under 1 Year: Months: Days
If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Russia
12. CITIZEN OF WHAT COUNTRY?:
13. FATHER'S NAME: Eser
14. MOTHER'S MAIDEN NAME: Hinda
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Dr Ernest Levi — ADDRESS: Same

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

260 X

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Gangrene left foot & leg — INTERVAL BETWEEN ONSET AND DEATH: 3 mos

DUE TO

ANTECEDENT CAUSES

(B) Arteriosclerosis, generalized — 5 yr

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C) Diabetes Mellitus — 6 yr

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June 1950 *to* December 17 1950 *that I last saw the deceased alive on* December 17 1950 *and that death occurred at* 8:30 *p. m., from the causes and on the date stated above.*

23A. SIGNATURE: Simon Brager M. D.
23B. ADDRESS: 1800 N. Charles St.
23C. DATE SIGNED: 12/17/50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12-19-50
24C. NAME OF CEMETERY OR CREMATORY: Mt Carmel
24D. LOCATION (City, town, or county) (State): Balto Md

DATE RECEIVED BY LOCAL REGISTRAR: DEC 18 1950
REGISTRAR'S SIGNATURE: Christopher Williams, M.D.
25. FUNERAL DIRECTOR: Jack Levin Inc
ADDRESS: 2100 Eutaw Pl

VS 150

61

M-320

50-10765

50-10765

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): HATTIE MATTHEWS

2. DATE OF DEATH: 12-16-50

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 513 W. CROSS ST. 30.
C. Length of stay in Baltimore: 50 YRS. (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BALTIMORE, 30.
D. STREET ADDRESS (If rural, give location): 513 W. CROSS ST

5. SEX: FEMALE
6. COLOR OR RACE: COLORED
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED
8. DATE OF BIRTH: 3/1/1888
9. AGE (In years last birthday): 62
If Under 1 Year: Months: Days
If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE
10B. KIND OF BUSINESS OR INDUSTRY: AT HOME
11. BIRTHPLACE (State or foreign country): GLEN BURNIE, MD.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: THOMAS QUEEN
14. MOTHER'S MAIDEN NAME: LIZZIE HAMMOND

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: BESSIE MORGAN
ADDRESS: 513 W. CROSS ST.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Acute Cardiac Dilitation — INTERVAL BETWEEN ONSET AND DEATH: 3 days

DUE TO

ANTECEDENT CAUSES
(B) Cardio-vascular disease — 2

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
DUE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1949 to Dec 15, 1950, that I last saw the deceased alive on Dec 15, 1950 and that death occurred at ____ m., from the causes and on the date stated above.

23A. SIGNATURE: Harry Glassman M. D.
23B. ADDRESS: 753 W. Fayette St
23C. DATE SIGNED: Dec 18. 50

24A. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: 12/18/50.
24C. NAME OF CEMETERY OR CREMATORY: Halls Church
24D. LOCATION (City, town, or county) (State): MARLEY, A.A. Co., MD.

DATE RECEIVED BY LOCAL REGISTRAR: DEC 19 1950
REGISTRAR'S SIGNATURE: Lucretia Williams, M.D.
25. FUNERAL DIRECTOR: Wm. A. JACKSON
ADDRESS: 916 PENNA. AVE.

VS 150

93D

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

620 50-10766

50-10766

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Harriett Gross.

2. DATE OF DEATH: December 15, 1950.

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 760 W. Franklin St.
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 760 W. Franklin St.

5. SEX: Female
6. COLOR OR RACE: C
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: Sept. 1, 1900
9. AGE (In years last birthday): 50 — If Under 1 Year: Months: Days — If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): A. A. County, Md.
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Robert Gross.
14. MOTHER'S MAIDEN NAME: Rosa Sparrow.

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown):
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Sophia Burley — ADDRESS 222 N. Carey St

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Lobar Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 1 month

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov 11, 19 50, *to* Dec 15, 19 50, *that I last saw the deceased alive on* Dec 15, 19 50, *and that death occurred at* 8:30 *m., from the causes and on the date stated above.*

23A. SIGNATURE: William H. Wurt M. D.
23B. ADDRESS: 5154 Chemstry
23C. DATE SIGNED: 12/16/50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: Dec 20, 1950
24C. NAME OF CEMETERY OR CREMATORY: Mt. Calvary
24D. LOCATION (City, town, or county) (State): Cedar Hill, Md.

DATE RECEIVED BY LOCAL REGISTRAR: DEC 18 1950
REGISTRAR'S SIGNATURE: Lucretia Williams, M.D.
25. FUNERAL DIRECTOR: Mrs Katie R. Williams
ADDRESS: 3221 Edmondson St

VS 150

108

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be c[illegible] supplied. The correct age is especially important. Physicians: please write the causes of death clearly and le[illegible]

A-425 50-10767

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50-10767

Registered No.

BIRTH NO. 4-30518

1. NAME OF DECEASED (Type or Print): CHARLES ALEXANDER

2. DATE OF DEATH: December 15, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): University Hospital
c. Length of stay in Baltimore (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 14-02
D. STREET ADDRESS (If rural, give location): 1137 N. Fremont Avenue

5. SEX: Male
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify):
8. DATE OF BIRTH: Aug. 13, 1945
9. AGE (In years last birthday): 5 — If Under 1 Year: Months / Days — If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): —
10B. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Glenn Alexander
14. MOTHER'S MAIDEN NAME: Florence Foster

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Florence Alexander
ADDRESS: 1137 N. Fremont Ave.

MEDICAL CERTIFICATION

CAUSE OF DEATH

18. I 241X
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Bronchial asthma
DUE TO
ANTECEDENT CAUSES
(B)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
DUE TO
(C)

INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21A. EXTERNAL CAUSE WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH.
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* Autopsy (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from:* natural causes [X], *accident* [ ], *suicide* [ ], *homicide* [ ], *undetermined* [ ].

23A. SIGNATURE: R S Fisher M.D.
23B. CHIEF MEDICAL EXAMINER [X] ASSISTANT MEDICAL EXAMINER [ ] MEDICAL INVESTIGATOR [ ]
23C. DATE SIGNED: Dec. 16, 1950

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12-18-1950
24C. NAME OF CEMETERY OR CREMATORY: Mt. Auburn Cem.
24D. LOCATION (City, town, or county) (State): Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR: DEC 18 1950
REGISTRAR'S SIGNATURE: [illegible] Williams M.D.
25. FUNERAL DIRECTOR: Mrs Katie R. Williams
ADDRESS: 322 N. Schroeder St.

VS 151

112

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be c[illegible] supplied. The correct age is especially important. Physicians: please write the causes of death clearly and leg[illegible].

M-620 50-10768

MORRIS

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50-10768

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Voneta Morris

2. DATE OF DEATH: 12-14-50

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): University Hospital
C. Length of stay in Baltimore: 7 Yrs. ~~Mos.~~ ~~Days~~

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY: 19-02
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Balto.
D. STREET ADDRESS (If rural, give location): 230 N. Gilmor St.

5. SEX: F
6. COLOR OR RACE: C
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): S
8. DATE OF BIRTH: 1943
9. AGE (In years last birthday): 7 — If Under 1 Year: Months: Days — If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: George Morris
14. MOTHER'S MAIDEN NAME: Mary Eason

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown):
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Mary Morris — ADDRESS: 230 N. Gilmor St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Tuberculous meningitis — INTERVAL BETWEEN ONSET AND DEATH

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Pulmonary TBC.

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12-10, 1950, *to* 12-14, 1950, *that I last saw the deceased alive on* 12-14, 1950, *and that death occurred at* 1 00 A.m., *from the causes and on the date stated above.*

23A. SIGNATURE: [signature] M.D.
23B. ADDRESS: University Hosp
23C. DATE SIGNED: 12-14-50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12-18-1950
24C. NAME OF CEMETERY OR CREMATORY: Mt. Zion Cem.
24D. LOCATION (City, town, or county) (State): Lansdowne Md.

DATE RECEIVED BY LOCAL REGISTRAR: DEC 18 1950
REGISTRAR'S SIGNATURE: [signature] for Williams, M.D.
25. FUNERAL DIRECTOR: Mrs Katie R. Williams — ADDRESS: 322 N Schroeder St.

VS 150

13B

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be ... supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

P-622 50-10769

Perseghin

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 50-10769

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Lewis J. Perseghin

2. DATE OF DEATH: 16 DEC. 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sinai

C. Length of stay in Baltimore: 4 Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY: BALTO
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): DUNDALK 5200
D. STREET ADDRESS (If rural, give location): 1902 ROBIN WOOD Rd.

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): M
8. DATE OF BIRTH: 22 MAY, 1911
9. AGE (In years last birthday): 39
If Under 1 Year: Months / Days
If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): MACHINIST-FOREMAN
10B. KIND OF ~~BUSINESS OR~~ INDUSTRY: STEEL Mill
11. BIRTHPLACE (State or foreign country): N. CAROLINA
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: GAETANO PERSEGHIN
14. MOTHER'S MAIDEN NAME: ROSA BRONDALESE

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 213-09-3197
17. INFORMANT: ROSA E. PERSEGHIN — ADDRESS: SAME

MEDICAL CERTIFICATION

18. 6000

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Uremia

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Renal failure

DUE TO

(C) Pyonephrosis

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 12/11/50
19B. MAJOR FINDINGS OF OPERATION: pyonephrosis, renal calculi
20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12/10/50, 19 50 *to* 12/16, 19 50 *that I last saw the deceased alive on* 12/16, 19 50, *and that death occurred at* 1:12 P *m., from the causes and on the date stated above.*

23A. SIGNATURE: Eugene Heller M. D.
23B. ADDRESS: Sinai
23C. DATE SIGNED: 12/17

24A. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: 12/20/50
24C. NAME OF CEMETERY OR CREMATORY: SACRED HEART
24D. LOCATION (City, town, or county) (State): BALTO. CO. Md.

DATE RECEIVED BY LOCAL REGISTRAR: DEC 18 1950
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Walter Brooke Bradley — ADDRESS: Dundalk, Md.

VS 150

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134a

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M-635 50-10770

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50-10770

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Harry Stanton Martin

2. DATE OF DEATH: Dec. 15-1950

3. PLACE OF DEATH: A. Baltimore City, Maryland 3627 Roland ave

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): —

c. Length of stay in Baltimore: 81 yrs. Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Maryland

B. COUNTY: 13-06

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore

D. STREET ADDRESS (If rural, give location): 3627 Roland ave

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Oct. 11-1869

9. AGE (In years last birthday): 81

If Under 1 Year: Months: Days

If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Woodworker

10B. KIND OF BUSINESS OR INDUSTRY: Cabinet

11. BIRTHPLACE (State or foreign country): Baltimore Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Joshua M. Martin

14. MOTHER'S MAIDEN NAME: Elizabeth Ann Parks

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 213-16-9726

17. INFORMANT: Miss E. Marie Martin ADDRESS: 3627 Roland ave

MEDICAL CERTIFICATION

18. 331X

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral hemorrhage

DUE TO

ANTECEDENT CAUSES

(B) Arteriosclerosis

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C) Pulmonary edema &

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Myocardial insufficiency

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec, 1949 *to* Dec 15, 1950, *that I last saw the deceased alive on* Dec 14, 1950, *and that death occurred at* 5-30 A *m., from the causes and on the date stated above.*

23A. SIGNATURE: W H Smith M. D.

23B. ADDRESS: 3429 Chestnut Av

23C. DATE SIGNED: Dec 16-50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial

24B. DATE: 12-18-50

24C. NAME OF CEMETERY OR CREMATORY: Jessups Meth. Cem

24D. LOCATION (City, town, or county) (State): Cockeysville Md

DATE RECEIVED BY LOCAL REGISTRAR: DEC 18 1950

REGISTRAR'S SIGNATURE: Charlington Williams M.D.

25. FUNERAL DIRECTOR: Geo. E. Beyer Jr. ADDRESS: 1512 Lollins St Balto. 23 Md

VS 150

937

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M 460

50-10771 JL -143984

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 50-10771 Done S26816

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Elizabeth Ethel Brighoff Miller

2. DATE OF DEATH: 12-16-50

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Baltimore City Hospitals 4940 Eastern Ave.
C. Length of stay in Baltimore: Life (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY: Carroll
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Marriottsville,
D. STREET ADDRESS (If rural, give location): Carroll Co., 5600

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: April 6, 1918
9. AGE (In years last birthday): 32 — If Under 1 Year: Months / Days — If Under 24 Hours: Hours / Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY?:
13. FATHER'S NAME: Harry Brighoff
14. MOTHER'S MAIDEN NAME: Margaret ?
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: B. C. H. Records — ADDRESS: 4940 Eastern Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Acute Anterior Poliomyelitis, bulbar — 11 days

DUE TO

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Bronchial pneumonia — 6days

DUE TO

(C) — over

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: Dec. 11, 1950
19B. MAJOR FINDINGS OF OPERATION: Delivery- 6lb. 7 oz. stillborn fetus
20. AUTOPSY? YES Yes NO

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec. 5, 1950 *to* Dec. 16, 1950 *that I last saw the deceased alive on* Dec. 16, 1950 *and that death occurred at* 9.30pm., *from the causes and on the date stated above.*

23A. SIGNATURE: C. S. Cogan M. D.
23B. ADDRESS: 4940 Eastern Ave.
23C. DATE SIGNED: 12-16-50

24A. BURIAL, ~~CREMATION, REMOVAL~~ (Specify)
24B. DATE: Dec 20-50
24C. NAME OF CEMETERY OR CREMATORY: Springfield Cem.
24D. LOCATION (City, town, or county) (State): Sykesville, Md.

DATE RECEIVED BY LOCAL REGISTRAR: DEC 18 1950
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Weer & Son — ADDRESS: Sykesville, Md.

VS 150

36

Stillbirth # 26816 - 12/11/50

B-260

50-10772

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 50-10772

1. NAME OF DECEASED (Type or Print): EMILE G. BOUCHER

2. DATE OF DEATH: 12/17/50

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mercy Hospital
C. Length of stay in Baltimore: Life (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: Baltimore
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 3214 Westshire Rd

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Oct 21, 1886
9. AGE (In years last birthday): 64
If Under 1 Year: Months: Days
If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Vice President
10B. KIND OF BUSINESS OR INDUSTRY: Tool & Die Co. (M)
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William Boucher
14. MOTHER'S MAIDEN NAME: Frances Giles

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): no
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Pt. ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Acute Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: Sudden

DUE TO

(B) Generalized Arteriosclerosis

DUE TO

(C) Nephrosclerosis

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: —
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 13, 1950, to Dec 17, 1950, that I last saw the deceased alive on Dec 17, 1950, and that death occurred at 1:55 P m., from the causes and on the date stated above.

23A. SIGNATURE: Philip W. Neuman M. D.
23B. ADDRESS: Mercy Hosp
23C. DATE SIGNED: Dec 17, 1950

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12/20/50
24C. NAME OF CEMETERY OR CREMATORY: Cathedral
24D. LOCATION (City, town, or county) (State): Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR: DEC 18 1950
REGISTRAR'S SIGNATURE: Washington Williams, M.D.
25. FUNERAL DIRECTOR: Wm Cook Inc. ADDRESS: 1217 St. Paul St

VS 150

29031

131a

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

C-563
50-10773

CONRADES

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50-10773

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) (Catie) Katherine E. Conrades

2. DATE OF DEATH 12/14/50 6 P.M.

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 231 S. Calhoun St.

C. Length of stay in Baltimore Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Md B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RFD and give township) Balto 19-03

D. STREET ADDRESS (If rural, give location) 231 S. Calhoun St.

5. SEX Female

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed

8. DATE OF BIRTH 1/13/1864

9. AGE (In years last birthday) 86

If Under 1 Year: Months Days

If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10B. KIND OF BUSINESS OR INDUSTRY Own Home

11. BIRTHPLACE (State or foreign country) Germany

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME (Unknown) Kruse

14. MOTHER'S MAIDEN NAME Catherine (Unknown)

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT Goldie Conrades ADDRESS 231 S. Calhoun St

MEDICAL CERTIFICATION

CAUSE OF DEATH

18. 420.1

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 1 wk.

DUE TO

ANTECEDENT CAUSES

(B) Coronary Artery Disease (Insufficiency) — Years

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C) Generalized Arteriosclerosis — Many years

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug, 1950, *to* Dec. 13, 1950, *that I last saw the deceased alive on* Dec 13, 1950, *and that death occurred at* 6 p.m., *from the causes and on the date stated above.*

23A. SIGNATURE Abram Goldman M. D.

23B. ADDRESS 206 S. Gilmor St.

23C. DATE SIGNED 12/16/50

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial

24B. DATE 12/18/50

24C. NAME OF CEMETERY OR CREMATORY Loudon Park

24D. LOCATION (City, town, or county) (State) Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR DEC 18 1950

REGISTRAR'S SIGNATURE Christopher Williams M.D.

25. FUNERAL DIRECTOR Wm Cook Inc. ADDRESS 1217 St. Paul St.

VS 150

94a

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

E 345
50-10774

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50-10774
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): William Monroe Edelen
2. DATE OF DEATH: Dec 15 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland Balto.
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2217 Etting St.
C. Length of stay in Baltimore Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Balto. 14-03
D. STREET ADDRESS (If rural, give location): 2217 Etting St.

5. SEX: male
6. COLOR OR RACE: negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: Dec 9 1872
9. AGE (In years last birthday): 78 | If Under 1 Year: Months, Days | If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Businessman
10B. KIND OF BUSINESS OR INDUSTRY: Coal & Wood
11. BIRTHPLACE (State or foreign country): Balto. Md.
12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Luke Monroe Edelen
14. MOTHER'S MAIDEN NAME: Harriett Heath

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Mr Robert L. Edelen ADDRESS 2217 Etting St.

MEDICAL CERTIFICATION

18. 592X

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Uremia — ?

DUE TO

ANTECEDENT CAUSES

(B) Chronic Nephritis — ?

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec. 12, 1950 *to* Dec. 15, 1950, *that I last saw the deceased alive on* Dec. 15, 1950, *and that death occurred at* 2:35 *m., from the causes and on the date stated above.*

23A. SIGNATURE: Stanford A. Rosenberg M. D.
23B. ADDRESS: 2309 Druid Hill
23C. DATE SIGNED: 12-18-50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12/18/50
24C. NAME OF CEMETERY OR CREMATORY: Mt Auburn
24D. LOCATION (City, town, or county) (State): Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR: DEC 18 1950
REGISTRAR'S SIGNATURE: Huntington Williams
25. FUNERAL DIRECTOR: Holland Funeral Home
ADDRESS: 1316 1631 Druid Hill Ave.

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G652

50-10775

GRINAGE

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50-10775

Registered No. 3698

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Ruth Thomas Grinage

2. DATE OF DEATH: 12-15-50

3. PLACE OF DEATH:
A. Baltimore City, Maryland 1912 Ruxton Ave
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1912 Ruxton Ave.
C. Length of stay in Baltimore: 50 Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Milford Mill Rd Pikesville rad
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 1912 Ruxton Ave.

5. SEX: Female
6. COLOR OR RACE: Col
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: April 9, 1869
9. AGE (In years last birthday): 81
If Under 1 Year: Months: Days
If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House work
10B. KIND OF BUSINESS OR INDUSTRY: own home
11. BIRTHPLACE (State or foreign country): Prince George Co. Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Richard Thomas
14. MOTHER'S MAIDEN NAME: Mary ? ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Miss Harriet B. Grinage
ADDRESS: 1215 Clarendale Rd

MEDICAL CERTIFICATION

18. 422.1

CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 15 yrs

DUE TO

ANTECEDENT CAUSES

(B) Arteria Sclerosis — Unknown

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* ? *, 19*35*, to* 12-15*, 19*50*, that I last saw the deceased alive on* 12-14*, 19*50*, and that death occurred at* 8:30 A.M.*, from the causes and on the date stated above.*

23A. SIGNATURE: Frank A. Saunders M. D.
23B. ADDRESS: 1029 N. Stricker St
23C. DATE SIGNED: 12-15-50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12/18/50
24C. NAME OF CEMETERY OR CREMATORY: Mt Auburn Cem
24D. LOCATION (City, town, or county) (State): Balto. Md

DATE RECEIVED BY LOCAL REGISTRAR: DEC 18 1950
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Holland Funeral Home
ADDRESS: 1631 Druid Hill Ave. 93D

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

L-125

50-10776

50-10776

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

1. NAME OF DECEASED (Type or Print): LIPSCOMBE, ARCHIE SIMMS

2. DATE OF DEATH: 12/15/50

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Provident
C. Length of stay in Baltimore: 39 Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 14-03
D. STREET ADDRESS (If rural, give location): 1829 Madison Ave.

5. SEX: Male
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED
8. DATE OF BIRTH: 4/2/1883
9. AGE (In years last birthday): 67
If Under 1 Year: Months: Days
If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Janitor
10B. KIND OF BUSINESS OR INDUSTRY: Church
11. BIRTHPLACE (State or foreign country): Va
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John Lipscomb
14. MOTHER'S MAIDEN NAME: Mary Ragsdale

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.

17. INFORMANT: Edna Alleton (Niece) ADDRESS: 1509 W. Franklin

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Arteriosclerotic Heart Disease
DUE TO
(B)
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

420.0

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/11/50, 19__, to 12/15, 1950, that I last saw the deceased alive on 12/14, 1950, and that death occurred at 2 10 A m., from the causes and on the date stated above.

23A. SIGNATURE: John H. Holmes III M. O.
23B. ADDRESS: Provident Hosp.
23C. DATE SIGNED: 12/15/50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12/18/50
24C. NAME OF CEMETERY OR CREMATORY: Arbutus Mem'l. Pk.
24D. LOCATION (City, town, or county) (State): Balto. County, Md.

DATE RECEIVED BY LOCAL REGISTRAR: DEC 18 1950
REGISTRAR'S SIGNATURE: Huntington Williams M.D.
25. FUNERAL DIRECTOR: Charles H. Cooper ADDRESS: 512 N. Carrollton Av

VS 150

7708W

93D

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

3

R-543

50-10777

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 50-10777

1. NAME OF DECEASED (Type or Print): EDWARD REYNOLDS

2. DATE OF DEATH: Dec 12, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland OSL 2
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 23 Johns Hopkins Hospital
c. Length of stay in Baltimore: Life (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BALTIMORE 22-07
D. STREET ADDRESS (If rural, give location): 615 S. GREENE ST.

5. SEX: MALE
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): SINGLE
8. DATE OF BIRTH: 4-27-1908
9. AGE (In years last birthday): 42
If Under 1 Year: Months | Days
If Under 24 Hours: Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Chauffeur
10B. KIND OF BUSINESS OR INDUSTRY: Contracting
11. BIRTHPLACE (State or foreign country): Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Edward Reynolds
14. MOTHER'S MAIDEN NAME: Agnes Williams

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.
17. INFORMANT: Minerva Jackson
ADDRESS: 615 S. Green St

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 36 hrs

DUE TO

ANTECEDENT CAUSES

(B) Cerebral arteriosclerosis

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO Hypertension

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., In or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12-8, 1950, *to* 12-12, 1950, *that I last saw the deceased alive on* 12-12, 1950, *and that death occurred at* 1.40 A *m., from the causes and on the date stated above.*

23A. SIGNATURE: Thomas J. Walsh M. D.
23B. ADDRESS: Hopkins Hosp.
23C. DATE SIGNED: 12-12-50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12/18/50
24C. NAME OF CEMETERY OR CREMATORY: Mt. Auburn Cemetery
24D. LOCATION (City, town, or county) (State): Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR: DEC 18 1950
REGISTRAR'S SIGNATURE: Harrington Williams
25. FUNERAL DIRECTOR: Charles J. Corpus
ADDRESS: 512 N. Carrollton Ave

VS 150

683 24

83a

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

AB-100085
360
50-10778
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50-10778

1. NAME OF DECEASED (Type or Print): David Leather
2. DATE OF DEATH: 12-17-50

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Baltimore City Hospitals 4940 Eastern Ave.
C. Length of stay in Baltimore: Life (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 410 W. Fayette St.

4-01

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Oct. 4- 1864
9. AGE (In years last birthday): 86 — If Under 1 Year: Months, Days; If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Fireman
10B. KIND OF BUSINESS OR INDUSTRY: Public School
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: David
14. MOTHER'S MAIDEN NAME: Caroline ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, oo or uokoowo) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Records: ADDRESS: Baltimore City Hospitals 4940 Eastern Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: 2 Days
DUE TO
(B)
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Diabetes Melletus — 6 Years

260 X

19A. DATE OF OPERATION: 4-18-1946
19B. MAJOR FINDINGS OF OPERATION: Skin graft for ulcer of leg
20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3-22- , 19 46 *to* 12-17- , 19 50 *that I last saw the deceased alive on* 12-17- , 19 50 *and that death occurred at* 1 Am., *from the causes and on the date stated above.*

23A. SIGNATURE: D. L. Rogers M. D.
23B. ADDRESS: 4940 Eastern Ave., Baltimore, Md.
23C. DATE SIGNED: 12-17-50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12-20-1950
24C. NAME OF CEMETERY OR CREMATORY: Loudon Park
24D. LOCATION (City, town, or county) (State): Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR: DEC 18 1950
REGISTRAR'S SIGNATURE: Lucille Williams, M.D.
25. FUNERAL DIRECTOR: Flynn & Fleming
ADDRESS: 1426 Light St.

VS 150

61

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

C-400

50-10779

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X Registered No. 50-10779

BIRTH NO.

1. NAME OF DECEASED (Type or Print): CLARENCE COLE

2. DATE OF DEATH: Dec. 14, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): US Marine Hospital
57 Wyman Pk. Drive & 31 St.
C. Length of stay in Baltimore: 41 days (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: HOWARD
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ellicott City
D. STREET ADDRESS (If rural, give location): MERRIMAN ST. 6300

5. SEX: M
6. COLOR OR RACE: col
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Sep.
8. DATE OF BIRTH: 12/25/92 ?
9. AGE (In years last birthday): 57 | If Under 1 Year: Months, Days | If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): laborer
10B. KIND OF BUSINESS OR INDUSTRY: DAY WORK
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Cole
14. MOTHER'S MAIDEN NAME: Laura BROWN

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): Yes
(If yes, give war or dates of service): WW I
16. SOCIAL SECURITY NO.: ?
17. INFORMANT: Records-US Marine Hospital, Balto, Md.

MEDICAL CERTIFICATION

18. 023X

CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Coronary thrombosis, old, and myocardial infarction, old. — INTERVAL BETWEEN ONSET AND DEATH: Unknown

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C) Aortitis, chronic. — Unknown

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 2
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov. 3, 19 50 *to* Dec. 14, 19 50, *that I last saw the deceased alive on* Dec. 14, 19 50 *and that death occurred at* 3:30P *m., from the causes and on the date stated above.*

23A. SIGNATURE: Alvin L. Cain M. D.
23B. ADDRESS: US Marine Hospital, Balto, Md.
23C. DATE SIGNED: 12/15/50

24A. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: 12-19-50
24C. NAME OF CEMETERY OR CREMATORY: BALTIMORE NATIONAL
24D. LOCATION (City, town, or county) (State): BALTIMORE Md.

DATE RECEIVED BY LOCAL REGISTRAR: DEC 18 1950
REGISTRAR'S SIGNATURE: Huntington Williams M.D.
25. FUNERAL DIRECTOR: F.C. HIGINBOTHOM
ADDRESS: ELLICOTT CITY Md.

VS 150

(Alvin L. CAIN) 97099 30D

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RGB

Was article of syphilitic origin —

arteriosclerotic ?

No answer received to query.

S-352
50-10780
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50-10780

1. NAME OF DECEASED (Type or Print): William T Stinchcomb Sr.
2. DATE OF DEATH: 12/16/50

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Maryland General Hospital
C. Length of stay in Baltimore: All life (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 27-18
D. STREET ADDRESS (If rural, give location): 5345 Reisterstown Road

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Mar. 6, 1879
9. AGE (In years last birthday): 71 | If Under 1 Year: Months, Days | If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired merchant
10B. KIND OF BUSINESS OR INDUSTRY: Restaurant
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George Stinchcomb
14. MOTHER'S MAIDEN NAME: Annie Brazeis

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Daughter + sons
ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

331 X

(A) Left cerebrovascular accident — INTERVAL BETWEEN ONSET AND DEATH: 2 days
DUE TO
(B) Hypertension — 5 yrs.
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Diabetic Coma

19A. DATE OF OPERATION 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec 16, 19 50, *to* Dec 16, 19 50, *that I last saw the deceased alive on* Dec 16, 19 50, *and that death occurred at* 11 45 p m., *from the causes and on the date stated above.*

23A. SIGNATURE: Anthony C. Verene M.D.
23B. ADDRESS:
23C. DATE SIGNED: 12/16/50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12/19/50
24C. NAME OF CEMETERY OR CREMATORY: Loudon Park
24D. LOCATION (City, town, or county) (State): Frederick St. Baltimore Md

DATE RECEIVED BY LOCAL REGISTRAR: DEC 18 1950
REGISTRAR'S SIGNATURE: Washington Williams, M.D.
25. FUNERAL DIRECTOR: Frank H. Kurell
ADDRESS: Gilmore & Md

VS 150

2906M

61

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G-300

50-10781

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 50-10781

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Frank Guth (FRANK CLEMENT GUTH, SR.)

2. DATE OF DEATH: 12/13/50

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sinai of Baltimore.
C. Length of stay in Baltimore: Life (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 8 OS
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 1746 E. North Avenue

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: July 8, 1876 (1871)
9. AGE (In years last birthday): 79 — If Under 1 Year: Months, Days, Hours, Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Plumber
10B. KIND OF BUSINESS OR INDUSTRY: Beth Steel Co.
11. BIRTHPLACE (State or foreign country): Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Frank Clement Guth
14. MOTHER'S MAIDEN NAME: Louisa Sturm
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): unknown (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 213-07-2023
17. INFORMANT: 1746 E. North Avenue — Mrs. Gwendolyn Pirie

MEDICAL CERTIFICATION

18. 610X

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Peritonitis, shock — 24 hrs.

DUE TO

(B) Ruptured bladder & large bowel — 30 hrs.

DUE TO

(C) BPH — ?

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 12/12/50
19B. MAJOR FINDINGS OF OPERATION: Ruptured bladder & large bowel.
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12/11, 1950, *to* 12/13, 1950, *that I last saw the deceased alive on* 12/13, 1950 *and that death occurred at* 10:15 P *m., from the causes and on the date stated above.*

23A. SIGNATURE: Lucine Heller, M. D.
23B. ADDRESS: Sinai Hosp.
23C. DATE SIGNED: 12/13/50

24A. BURIAL, CREMATION, REMOVAL (Specify): burial
24B. DATE: 12/18/50
24C. NAME OF CEMETERY OR CREMATORY: Loudon Park Cemetery
24D. LOCATION (City, town, or county) (State): Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR: DEC 18 1950
REGISTRAR'S SIGNATURE: [illegible]
25. FUNERAL DIRECTOR: HENRY SANDER & SONS, INC. — ADDRESS: BALTO., 13, MD. Henry F. Sander

VS 150

1372

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

W 320
50-10782

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 50-10782

1. NAME OF DECEASED (Type or Print): Marcellous WATTIES (Remard)

2. DATE OF DEATH: Dec. 15, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Johns Hopkins Hospital
c. Length of stay in Baltimore: 20 yrs. (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 8-07
D. STREET ADDRESS (If rural, give location): 1810 E. Biddle St.

5. SEX: Male
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: ? ? ?
9. AGE (In years last birthday): 73
If Under 1 Year: Months: Days
If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Hanover Co Va
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Anthony Watties
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Mattie West ADDRESS: 1810 E Biddle St

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Hypertensive cardiovascular renal disease
DUE TO
(B)
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* Insp. & Inq. (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☒, *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

23A. SIGNATURE: William V. Scott M.D.
23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☒
23C. DATE SIGNED: Dec. 15, 1950

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: Dec 18/50
24C. NAME OF CEMETERY OR CREMATORY: Mt Calvary Cem
24D. LOCATION (City, town, or county) (State): A.A. County Md

DATE RECEIVED BY LOCAL REGISTRAR: DEC 18 1950
REGISTRAR'S SIGNATURE: [illegible] Williams M.D.
25. FUNERAL DIRECTOR: Mr Robert A. Elliott Daughter
ADDRESS: 1312 1129 N. Carrollton

VS 151

10010

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M 245
50-10783

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50-10783
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): JACOB - BURR - MUSSELMAN

2. DATE OF DEATH: Dec 18 - 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland 3809 Hadley Sq East

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 3809 Hadley Square East

C. Length of stay in Baltimore: 7 — Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Pa.
B. COUNTY: Westmoreland
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Belle Vale
D. STREET ADDRESS (If rural, give location): 3809 Hadley Square East

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months	Days	If Under 24 Hours: Hours	Min.
male	white	widowed	Aug 15 - 1874	76	4	3		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Merchant	Grocery	Mainfield Pa	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Reuel - M. Musselman	Va M. Marshall

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
no		177-24-5348	Elaine Sorrent	3809 Hadley Sq. E.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 5 days

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: none

19B. MAJOR FINDINGS OF OPERATION: ✓

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify): no

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.): ✓

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): ✓

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.: ✓

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☑

21F. HOW DID INJURY OCCUR? ✓

22. *I hereby certify that I attended the deceased from* Dec 13 —, 1950, *to* Dec 18, 1950, *that I last saw the deceased alive* Dec 16 1950 *and that death occurred at* 4 A. *m., from the causes and on the date stated above.*

23A. SIGNATURE: John H. Stefan M. D.

23B. ADDRESS: 1219 Oakland Grove

23C. DATE SIGNED: 12/18/50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial

24B. DATE: Dec. 20, 1950

24C. NAME OF CEMETERY OR CREMATORY: Green Hill Cemetery

24D. LOCATION (City, town, or county) (State): Waynesboro. Pa.

DATE RECEIVED BY LOCAL REGISTRAR: DEC 18 1950

REGISTRAR'S SIGNATURE: Lillington Williams, M.D.

25. FUNERAL DIRECTOR: S. L. Allison

ADDRESS: Emmitsburg, Md.

VS 150

942

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

E 120

50-10784

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 50-10784

BIRTH NO.

1. NAME OF DECEASED (Type or Print): HENRY EPPS, (Hodges)

2. DATE OF DEATH: 12/16/50

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Univ Hosp.
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Balto
D. STREET ADDRESS (If rural, give location): 674 W. Fairmount Ave

4-02

5. SEX: M
6. COLOR OR RACE: C
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): S
8. DATE OF BIRTH: May 2-1896
9. AGE (In years last birthday): 54
If Under 1 Year: Months / Days
If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): LABORER
10B. KIND OF BUSINESS OR INDUSTRY: General
11. BIRTHPLACE (State or foreign country): Va.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: ANNIE HAMMOND — ADDRESS: Above

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebrovasc. Accident — INTERVAL BETWEEN ONSET AND DEATH

DUE TO

ANTECEDENT CAUSES

(B) Hypertensive Cardiovasc. Dis.

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. — Duodenal ulcer

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/15, 1950, to 12/16, 1950, that I last saw the deceased alive on 12/16, 1950, and that death occurred at 1:20 A m., from the causes and on the date stated above.

23A. SIGNATURE: Edwin M Hubbard M. D.
23B. ADDRESS: Univ Hosp.
23C. DATE SIGNED: 12/17/50

24A. BURIAL, CREMATION, REMOVAL (Specify): B
24B. DATE: 12/21/50
24C. NAME OF CEMETERY OR CREMATORY: Mt. Auburn Cemetery
24D. LOCATION (City, town, or county) (State): Balto

DATE RECEIVED BY LOCAL REGISTRAR: DEC 18 1950
REGISTRAR'S SIGNATURE: [illegible]
25. FUNERAL DIRECTOR: W. B. Sanger
ADDRESS

VS 150

97099

117B

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

R-320
50-10785

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50-10785

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): GUSTINA REDDICK

2. DATE OF DEATH: December 13, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Univerity Hospital
c. Length of stay in Baltimore (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 2 Henry Court

22-02

5. SEX: Female
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED
8. DATE OF BIRTH: unknown
9. AGE (In years last birthday): 42
If Under 1 Year: Months: Days
If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): H.W.
10B. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Va.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: unknown
14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Walter Reddick
ADDRESS: 123 Hewitt St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Generalized anasarca
DUE TO Lannec cirrhosis

ANTECEDENT CAUSES

(B) Ruptured esophageal varices
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
DUE TO
(C)

INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* Insp. & Inquiry (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from:* natural causes ☒, *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

23A. SIGNATURE: William [illegible] M.D.
23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR ☐
23C. DATE SIGNED: 12-13-50

24A. BURIAL, CREMATION, REMOVAL (Specify)
24B. DATE: 12-20-50
24C. NAME OF CEMETERY OR CREMATORY: Mt. Calvary Cemty
24D. LOCATION (City, town, or county) (State): Balto.

DATE RECEIVED BY LOCAL REGISTRAR: DEC 18 1950
REGISTRAR'S SIGNATURE: [illegible]
25. FUNERAL DIRECTOR: W. B. Spriggs
ADDRESS: 1394 Hamburg St.
1242

VS 151

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be correct and legible. The age is especially important. Physicians: please write the causes of death clearly and legibly.

S #620
50-10786

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50-10786
Registered No.

1. NAME OF DECEASED (Type or Print): Mrs.Maryanna Siewierski

2. DATE OF DEATH: Dec,16th,1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland 620 S.Belnord Ave
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home
c. Length of stay in Baltimore (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland.
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore-24 1-03
D. STREET ADDRESS (If rural, give location): 620 South Belnord Ave

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widow
8. DATE OF BIRTH: Feb,2nd,1876 ?
9. AGE (In years last birthday): 74
If Under 1 Year: Months | Days
If Under 24 Hours: Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Poland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: ? Niziolek
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Catherine Price ADDRESS: 614 S.Belnord Ave

MEDICAL CERTIFICATION

18. 443X

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Arterio sclerotic

DUE TO

ANTECEDENT CAUSES

(B) hypertensive cardio-

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

vascular disease — 1 year

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 9/30/50, 19__, *to* 12/16/50, 19__, *that I last saw the deceased alive on* 12/12/50, 19__, *and that death occurred at* 2:30 P.m., *from the causes and on the date stated above.*

23A. SIGNATURE: Sigmund R. Nowak M. D.
23B. ADDRESS: 408 S. Patterson Park Ave.
23C. DATE SIGNED: 12/16/50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: Dec,20,1950
24C. NAME OF CEMETERY ~~OR CREMATORY~~: St.Stanislaus
24D. LOCATION (City, town, or county) (State): Baltimore,Md.

DATE RECEIVED BY LOCAL REGISTRAR: DEC 18 1950
REGISTRAR'S SIGNATURE: Lillian Williams, M.D.
25. FUNERAL DIRECTOR: George A. Weber ADDRESS: 705 S. Ann st

VS 150

93D

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

For Medical Examiner's Approval. WAHLHAUPTER

W 413 50-10787

50-10787

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Albert J. Wahlhaupter.

2. DATE OF DEATH: 17 Dec. '50

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sinai Hosp.
C. Length of stay in Baltimore — Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 27-07
D. STREET ADDRESS (If rural, give location): 2700 Berwick Avenue

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): M
8. DATE OF BIRTH: Jan. 3-1919
9. AGE (In years last birthday): 31
If Under 1 Year: Months: Days
If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Trimmer
10B. KIND OF BUSINESS OR INDUSTRY: Fisher Body Auto Bodies (A)
11. BIRTHPLACE (State or foreign country): Baltimore Md
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: ?
14. MOTHER'S MAIDEN NAME: ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Mrs. Dorothy E. Wahlhaupter
ADDRESS: Same

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Intracerebral Hemorrage
DUE TO

ANTECEDENT CAUSES
(B)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
DUE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

CERTIFICATION APPROVED BY
B. Fisher M. D.
CHIEF OR ASST. MEDICAL EXAMINER.

19A. DATE OF OPERATION: ?
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 16 Dec. 1950 *to* 17 Dec 1950, *that I last saw the deceased alive on* 17 Dec 1950, *and that death occurred at* 7:35 A m., *from the causes and on the date stated above.*

23A. SIGNATURE: Gerald Gruenstein M. D.
23B. ADDRESS: Sinai Hosp.
23C. DATE SIGNED: 17 Dec. 50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12/20/50
24C. NAME OF CEMETERY OR CREMATORY: Moreland Park
24D. LOCATION (City, town, or county) (State): Balto Md

DATE RECEIVED BY LOCAL REGISTRAR: DEC 18 1950
REGISTRAR'S SIGNATURE: Dudley W. Williams, M.D.
25. FUNERAL DIRECTOR: L. J. Luck
ADDRESS: 5305 Harford Rd

VS 150

69038

83a

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

H-1536
50-10788

50-10788

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): MRS. ELIZABETH BERTRUDE HENDERSON

2. DATE OF DEATH: DEC. 17 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): HOSP. FOR WOMEN OF MARYLAND
C. Length of stay in Baltimore: 47 Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY: —
C. CITY OR TOWN (If outside corporate limits write RURAL and give township): BALTIMORE 17th
D. STREET ADDRESS (If rural, give location): 1337 Mt. ROYAL AVE

5. SEX: FEMALE
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: NOV. 21 1883
9. AGE (in years last birthday): 67 — If Under 1 Year: Months, Days — If Under 24 Hours: Hours, Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Hotel Owner
10B. KIND OF BUSINESS OR INDUSTRY: -----
11. BIRTHPLACE (State or foreign country): ? IRLAND
12. CITIZEN OF WHAT COUNTRY? IRLAND
13. FATHER'S NAME: JAMES DEVINE
14. MOTHER'S MAIDEN NAME: MARY MONNAHAN
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: ELIZABETH G. HENDERSON — ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) UREMIA — INTERVAL BETWEEN ONSET AND DEATH: 48 hrs.

DUE TO

ANTECEDENT CAUSES

(B) Metastatic CARCINOMA — 1 yr. 5 mon

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C) CARCINOMA, FUNDUS OF UTERUS

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 12-16-50
19B. MAJOR FINDINGS OF OPERATION: Bowel obstruction, GENERALIZED Metastatic CARCINOMA OF PERITONEAL CAVITY
20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec. 10th, 1950, *to* Dec. 17th, 1950, *that I last saw the deceased alive on* Dec 17th, 1950, *and that death occurred at* 6:30 P m., *from the causes and on the date stated above.*

23A. SIGNATURE: [illegible] M.D.
23B. ADDRESS: Women's Hospital
23C. DATE SIGNED: 12-17-50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12/21/50
24C. NAME OF CEMETERY OR CREMATORY: Lou Cathedral Cem.
24D. LOCATION (City, town, or county) (State): Baltimore Md.

DATE RECEIVED BY LOCAL REGISTRAR: DEC 18 1950
REGISTRAR'S SIGNATURE: Hunting[illegible] Williams
25. FUNERAL DIRECTOR: John A. Moran N&L.
ADDRESS: 3000 E Balto. St.

VS 150

290813

48B

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

S-600 Schorr 50-10789

50-10789

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Emma Pauline Schorr

2. DATE OF DEATH: Dec. 16 1950

3. PLACE OF DEATH: A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 3011 E. Baltimore St.

C. Length of stay in Baltimore (Yrs. Mos. Days): Life

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 102
C. CITY OR TOWN (If outside corporate limits write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 3011 E. Baltimore St.

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: May 28, 1877
9. AGE (In years last birthday): 73 — If Under 1 Year: Months Days — If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: ---------
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Justus Backus
14. MOTHER'S MAIDEN NAME: Fredericka Wiess

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): ---
(If yes, give war or dates of service): ----
16. SOCIAL SECURITY NO.: ----
17. INFORMANT: Mildred Hubbard — ADDRESS: 3011 E. Balto. St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Senility

DUE TO

(B) Cerebral

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

420.1

CERTIFICATION APPROVED BY
Approved
CHIEF OR ASST. MEDICAL EXAMINER.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec 16, 1950, *to* Dec 16, 1950, *that I last saw the deceased alive on* Dec 16, 1950 *and that death occurred at* 12:30 p m., *from the causes and on the date stated above.*

23A. SIGNATURE: [signature] M. D.
23B. ADDRESS: 2936 Balt
23C. DATE SIGNED: 12-18-50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12/19/50
24C. NAME OF CEMETERY OR CREMATORY: Oaklawn Cem.
24D. LOCATION (City, town, or county) (State): Baltimore Md.

DATE RECEIVED BY LOCAL REGISTRAR: DEC 18 1950
REGISTRAR'S SIGNATURE: Carrington Williams, M.D.
25. FUNERAL DIRECTOR: John D. Moran
ADDRESS: 3000 E. Baltimore St.

VS 150

94a

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be c[illegible] supplied. The correct age is especially important. Physicians: please write the causes of death clearly and le[illegible].

G 630

50-10790

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50-10790

Registered No.

1. NAME OF DECEASED (Type or Print): George E. Garrett

2. DATE OF DEATH: December 16, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1004 Roland Heights Avenue
c. Length of stay in Baltimore: 62 years (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 1004 Roland Heights Avenue

27 14

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widower
8. DATE OF BIRTH: March 7, 1868
9. AGE (In years last birthday): 82 (If Under 1 Year: Months, Days; If Under 24 Hours: Hours, Min.)

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Foreman Cotton Mill
10B. KIND OF BUSINESS OR INDUSTRY: Retired 5 years
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: Daniel Garrett
14. MOTHER'S MAIDEN NAME: Miranda Ritter

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 219-01-8076 A
17. INFORMANT: Sherby E. Garrett ADDRESS: 1212 W. 41st Street

MEDICAL CERTIFICATION

18. 332X

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

(A) 1) Thrombosis Artery Brain due.

DUE TO 5 Cerebral arteriosclerosis

ANTECEDENT CAUSES

(B) hemiplegia left

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO 4 Arteriosclerosis

(C) Hypostatic pneumonia

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

as contributing Asthmatic Bronchitis 2 Pulmonary emphysema

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION: Fibrosis
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 8/1, 1949, *to* 12/14, 1950, *that I last saw the deceased alive on* 12/14, 1950, *and that death occurred at* 4:15 A. m., *from the causes and on the date stated above.*

23A. SIGNATURE: Howard N. Mintz M. D.
23B. ADDRESS: 3009 Evergreen Ave
23C. DATE SIGNED: 12/16/50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: Dec. 19, 1950
24C. NAME OF CEMETERY OR CREMATORY: Druid Ridge
24D. LOCATION (City, town, or county) (State): Pikesville, Maryland

DATE RECEIVED BY LOCAL REGISTRAR: DEC 18 1950
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Burgee Funeral Home
ADDRESS: 3631 Falls Road
Horace F. Burgee

VS 150

83B

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M-620 50-10791

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 50-10791

BIRTH NO.

1. NAME OF DECEASED (Type or Print): CHARLES F. MYERS

2. DATE OF DEATH: December 17, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Joseph's Hospital
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 9-04
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 2623 Greenmount Avenue

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): single
8. DATE OF BIRTH: Nov. 8, 1894
9. AGE (In years last birthday): 56
If Under 1 Year: Months: Days
If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): watchman
10B. KIND OF BUSINESS OR INDUSTRY: Steel Mill
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Howard F. Myers
14. MOTHER'S MAIDEN NAME: Mary C. Powell

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): yes
(If yes, give war or dates of service): World War #1
16. SOCIAL SECURITY NO.: 218-03-4932
17. INFORMANT: Mrs. Mildred Holland - 1014 H St., Sparrows Point

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Encephalomalacia 332X

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B) Generalized arteriosclerosis
DUE TO
(C)

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21A. EXTERNAL CAUSE WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH.
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* Autopsy (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from:* natural causes [X], *accident* [ ], *suicide* [ ], *homicide* [ ], *undetermined* [ ].

23A. SIGNATURE: Stanley K. Dunlavey M.D.
23B. CHIEF MEDICAL EXAMINER [ ] ASSISTANT MEDICAL EXAMINER [X] MEDICAL INVESTIGATOR [ ]
23C. DATE SIGNED: Dec. 18, 1950

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12/19/50
24C. NAME OF CEMETERY OR CREMATORY: Lorraine Cem.
24D. LOCATION (City, town, or county) (State): Woodlawn, Md.

DATE RECEIVED BY LOCAL REGISTRAR: DEC 18 1950
REGISTRAR'S SIGNATURE: [illegible]
25. FUNERAL DIRECTOR: Wm. J. Tislow & Sons
ADDRESS: Balto

VS 151

7633A 83c

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

W-412

50-10792

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50-10792

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): CARRIE PAULINE WEILBACHER

2. DATE OF DEATH: Dec. 16, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland 2618 N. Charles St.
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2618 N. Charles St
C. Length of stay in Baltimore (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 2618 N. Charles St.

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: Nov. 2, 1872
9. AGE (In years last birthday): 78 — If Under 1 Year: Months: Days: If Under 24 Hours: Hours: Min.:
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Never Worked
10B. KIND OF BUSINESS OR INDUSTRY: -
11. BIRTHPLACE (State or foreign country): Brooklyn N. Y.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Paul Weilbacher
14. MOTHER'S MAIDEN NAME: Caroline Seeger
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service): -
16. SOCIAL SECURITY NO.: No
17. INFORMANT: Miss Vera C. Wittenbroch
ADDRESS: 2618 N. Charles St

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Generalized arteriosclerosis — Indefinite

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Senile Psychosis — Indefinite

DUE TO

(C) Hypostatic Congestion lung — 1 week

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION: —
19B. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? YES [ ] NO [✓]

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec 10, 1946 *to* Dec 16, 1950 *that I last saw the deceased alive on* Dec 16, 1950 *and that death occurred at* 5:40 P *m., from the causes and on the date stated above.*

23A. SIGNATURE: Nathaniel M Beck M. D.
23B. ADDRESS: 100 E. 23rd St Baltimore
23C. DATE SIGNED: Dec 18-50

24A. BURIAL, CREMATION, REMOVAL (Specify): Cremation
24B. DATE: 12/19/50
24C. NAME OF CEMETERY OR CREMATORY: Greenmount Crematory
24D. LOCATION (City, town, or county) (State): Baltimore Md.

DATE RECEIVED BY LOCAL REGISTRAR: DEC 18 1950
REGISTRAR'S SIGNATURE: Christopher Williams, M.D.
25. FUNERAL DIRECTOR: Wm. J. Pickner & Sons
ADDRESS: Balto Md.

VS 150

97

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be c[illegible] supplied. The correct age is especially important. Physicians: please write the causes of death clearly and leg[illegible].

M-1645
50-10793

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50-10793
Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. NAME OF DECEASED (Type or Print): George Henry MARLING
2. DATE OF DEATH: December 15, 1950
3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2144 W. FAYETTE ST
C. Length of stay in Baltimore: 70 Yrs. ~~Mos.~~ ~~Days~~
4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BALTIMORE
D. STREET ADDRESS (If rural, give location): 2144 W. FAYETTE STREET

5. SEX: MALE
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: July 13, 1880
9. AGE (In years last birthday): 70
If Under 1 Year: Months — Days —
If Under 24 Hours: Hours — Min. —
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): MERCHANT
10B. KIND OF BUSINESS OR INDUSTRY: OWN STORE (R)
11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: HARRY MARLING
14. MOTHER'S MAIDEN NAME: PAULINE BLUM
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): NO
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 214-12-4042
17. INFORMANT: MRS Edith Gessler ADDRESS: 2144 W. FAYETTE

MEDICAL CERTIFICATION

18. 420.0

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) CHRONIC MYOCARDITIS AND MYOCARDIAL DEGENERATION — 3-4 years

DUE TO

(B) Arteriosclerotic Heart Disease — ?

DUE TO

(C) Generalized Arteriosclerosis — ?

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Diabetes Mellitus (latent) — 2½ yrs

19A. DATE OF OPERATION: —
19B. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June 5, 1950, *to* December 15, 1950, *that I last saw the deceased alive on* Dec 15, 1950, *and that death occurred at* 10.10 P m., *from the causes and on the date stated above.*

23A. SIGNATURE: Melvin H. Borden M. D.
23B. ADDRESS: 2030 W. Fayette St
23C. DATE SIGNED: 12/15/50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12/19/50
24C. NAME OF CEMETERY OR CREMATORY: New Cathedral Cemetery
24D. LOCATION (City, town, or county) (State): 4300 Old Frederick Rd. Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR: DEC 18 1950
REGISTRAR'S SIGNATURE: [illegible]
25. FUNERAL DIRECTOR: Harry A. Wichter
ADDRESS: 4101 Edmondson Ave.

VS 150

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937

R-216
50-10794

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50-10794

Registered No.

1. NAME OF DECEASED (Type or Print): Mrs Lillie M. Rossberg

2. DATE OF DEATH: December 16 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland ✓
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Agnes Hospital
C. Length of stay in Baltimore: 50 Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 500 Hazlett Avenue

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 4-4-75
9. AGE (In years last birthday): 75 — If Under 1 Year: Months 8, Days 12 — If Under 24 Hours: Hours, Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: William Wilhelm
14. MOTHER'S MAIDEN NAME: Alma
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): Unknown. (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT: William Rossberg — ADDRESS: 500 Hazlett Ave

MEDICAL CERTIFICATION

18. 561.4

CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Pulmonary Embolism

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Arteriosclerotic Cardiovascular

DUE TO

(C) Hypertensive Disease

INTERVAL BETWEEN ONSET AND DEATH

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 12/8/18
19B. MAJOR FINDINGS OF OPERATION: Draining of the Hernia
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/26, 1950, to 12/16, 1950, that I last saw the deceased alive on 12/16, 1950, and that death occurred at 6:10 P. m., from the causes and on the date stated above.

23A. SIGNATURE: A P Sowski M. D.
23B. ADDRESS: St. Agnes Hospital
23C. DATE SIGNED: 12/16/50

24A. BURIAL, CREMATION, REMOVAL (Specify): Cremation
24B. DATE: 12/20/50
24C. NAME OF CEMETERY OR CREMATORY: Loulan Park
24D. LOCATION (City, town, or county) (State): Balto. 29, Md.

DATE RECEIVED BY LOCAL REGISTRAR: DEC 18 1950
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Harry A. Fritz — ADDRESS: 4101 Edmondson Ave

VS 150

122a

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

L-500, Term

50-10795

BIRTH NO.

50-10795

Registered No.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1. NAME OF DECEASED (Type or Print): Lucy Lane

2. DATE OF DEATH: 12-17-50.

3. PLACE OF DEATH:
A. Baltimore City, Maryland City
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 867 W. Fayette Ave.
C. Length of stay in Baltimore: 35 Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Balto. Md. 18-01
D. STREET ADDRESS (If rural, give location): 867 W. Fayette St. Ave.

5. SEX: F.
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Nov. 1911
9. AGE (In years last birthday): 39 yrs.
If Under 1 Year: Months — Days —
If Under 24 Hours: Hours — Min. —

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Suffolk, VA.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Willie Parker

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Viola Thomas
ADDRESS: 2705 Westwood Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 3 or 4 days

DUE TO

ANTECEDENT CAUSES

(B) Cerebral Accident — 4 weeks.

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov. 6th, 1950, *to* Dec. 16, 1950, *that I last saw the deceased alive on* Dec. 16, 1950, *and that death occurred at* 2 P *m., from the causes and on the date stated above.*

23A. SIGNATURE: Jerry L. Luck M. D.
23B. ADDRESS: 427 Swale Ave
23C. DATE SIGNED: 12-18-50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12-21-50
24C. NAME OF CEMETERY OR CREMATORY: Mt Calvary Cem.
24D. LOCATION (City, town, or county) (State): Brooklyn Md

DATE RECEIVED BY LOCAL REGISTRAR: DEC 18 1950
REGISTRAR'S SIGNATURE: Entitled for Williams, M.D.
25. FUNERAL DIRECTOR: Elroy S. Wilson
ADDRESS: 1000 Brooklyn Ave

VS 150

83a

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

W-252 Fmm

50-10796
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50-10796

1. NAME OF DECEASED (Type or Print): Evelyn Washington

2. DATE OF DEATH: 12/16/1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland Balto. City
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1013 North Stricker Street
C. Length of stay in Baltimore: 23 Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore City 16-02
D. STREET ADDRESS (If rural, give location): 1013 North Stricker Street

5. SEX: Female
6. COLOR OR RACE: Col.
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Oct. 6. 1913
9. AGE (In years last birthday): 37
If Under 1 Year: Months Days
If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: At Home
11. BIRTHPLACE (State or foreign country): Dunbar Penn.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Smith
14. MOTHER'S MAIDEN NAME: Jessie Washington

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Peston Washington ADDRESS: 1013 N. Stricker St

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cardio-Vascular Renal disease — INTERVAL BETWEEN ONSET AND DEATH: 3 Mon.
DUE TO Rheumatic heart disease — ?
(B) Chr. nephritis
DUE TO auricular fibrilation — ?
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

442X and 416X

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12-14-, 1950 *to* 12-16-, 1950, *that I last saw the deceased alive on* 12-16-, 1950 *and that death occurred at* 6P. m., *from the causes and on the date stated above.*

23A. SIGNATURE: R. A. Michelson M. D.
23B. ADDRESS: 2230 Cutler Pl
23C. DATE SIGNED: 12-17-50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12-20-50
24C. NAME OF CEMETERY OR CREMATORY: Arbutus mem.
24D. LOCATION (City, town, or county) (State): Baltimore

DATE RECEIVED BY LOCAL REGISTRAR: DEC 18 1950
REGISTRAR'S SIGNATURE: Christopher Williams M.D.
25. FUNERAL DIRECTOR: Chas. D. Wilson
ADDRESS: 1000 Beatty St

VS-150
R. A. Michelson

131a

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

W-623

50-10797

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50-10797

Registered No.

1. NAME OF DECEASED (Type or Print): VIOLET B. WRIGHT

2. DATE OF DEATH: Dec. 16, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mercy Hospital
C. Length of stay in Baltimore: Life (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 2
D. STREET ADDRESS (If rural, give location): 527 East St 5-02

5. SEX: F
6. COLOR OR RACE: NEGRO
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Feb 14, 1922
9. AGE (In years last birthday): 28 | If Under 1 Year: Months: Days | If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Oscar Brown
14. MOTHER'S MAIDEN NAME: Ollie Clark

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT: Self. ADDRESS:

MEDICAL CERTIFICATION

18. 576X

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Peritonitis following
DUE TO rupture of ulcer of ileum

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Nephrosclerosis
DUE TO

(C) Hypertensive Cardio Vascular Dis

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec. 3rd, 1950 *to* Dec 16, 1950; *that I last saw the deceased alive on* Dec 15, 1950, *and that death occurred at* 7:15 A m., *from the causes and on the date stated above.*

23A. SIGNATURE: Philip W. Dennison M. D.
23B. ADDRESS: Mercy Hosp
23C. DATE SIGNED: Dec 16, 1950

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12-21-50
24C. NAME OF CEMETERY OR CREMATORY: Mt Calvary cem.
24D. LOCATION (City, town, or county) (State): Brooklyn Md

DATE RECEIVED BY LOCAL REGISTRAR: DEC 18 1950
REGISTRAR'S SIGNATURE: Lucille Jones Williams, M.D.
25. FUNERAL DIRECTOR: Chas. E. Wilson
ADDRESS: 1000 Beatty ave

VS 150

131a

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

A-652 50-10798

50-10798

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Julia D. Armstrong

2. DATE OF DEATH: 12/18/50

3. PLACE OF DEATH: A. Baltimore City, Maryland — Baltimore.

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Maryland General Hospital

C. Length of stay in Baltimore: Yrs. ~~Mos.~~ ~~Days~~ Life.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore. 27-20
D. STREET ADDRESS (If rural, give location): 6222 Lincoln Ave #9.

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: March 28, 1883
9. AGE (In years last birthday): 67 — If Under 1 Year: Months: Days: — If Under 24 Hours: Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): house wife.
10B. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Michael Mc Mahon
14. MOTHER'S MAIDEN NAME: Percilla Daly

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: W. E. F. Armstrong — ADDRESS: 6222 Lincoln Ave.

MEDICAL CERTIFICATION

18. 443X

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

(A) Subarachnoid hemorrhage

DUE TO

(B) H. C. V. D.

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: —
19B. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.): home
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): 6222 Lincoln Ave #9.
21D. TIME OF INJURY (Month) (Day) (Year) (Hour): 12/5/50 1-2 P.M. m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☑
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/5, 1950, to 12/18, 1950, that I last saw the deceased alive on 12/18, 1950, and that death occurred at 3.43 a.m., from the causes and on the date stated above.

23A. SIGNATURE: Arthur C. Vane M.D.
23B. ADDRESS: Maryland Gen. Hosp.
23C. DATE SIGNED: 12/18/50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12/21/50
24C. NAME OF CEMETERY ~~OR CREMATORY~~: Druid Ridge
24D. LOCATION (City, town, or county) (State): Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR: DEC 18 1950
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: H. W. Means and Son
ADDRESS: 2 N. Calvert St.

VS 150

93D

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

R-305

50-10799 MARY T. RATTY 50-10799

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Henry T. Ratty

2. DATE OF DEATH: 12/17/50

3. PLACE OF DEATH: A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mercy Hospital

C. Length of stay in Baltimore: Yrs. Mos. Days — Life

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 27-06
D. STREET ADDRESS (If rural, give location): 5408 Grindon Ave.

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: Jan 31, 1876
9. AGE (In years last birthday): 74
If Under 1 Year: Months: Days
If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): stenographer
10B. KIND OF BUSINESS OR INDUSTRY: Lawyer
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Thomas Naughton
14. MOTHER'S MAIDEN NAME: Mary B. Mahon

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): no
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Thomas Polk — ADDRESS: 711 East 22nd St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 36 hours.

DUE TO

ANTECEDENT CAUSES

(B) Hypertensive C-V disease — 10-15 yrs.

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C) Acute congestive heart failure — 36 hours

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Absence, Acquired, left eye.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 16, Dec, 1950, *to* 17, Dec, 1950, *that I last saw the deceased alive on* 12, Dec, 1950, *and that death occurred at* 7:20 *m., from the causes and on the date stated above.*

23A. SIGNATURE: Thomas Tanner M. D.
23B. ADDRESS: Mercy Hospital
23C. DATE SIGNED: 12/17/50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12/20/50
24C. NAME OF CEMETERY OR CREMATORY: New Cathedral
24D. LOCATION (City, town, or county) (State): Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR: DEC 18 1950
REGISTRAR'S SIGNATURE: Thomas J. Williams, M.D.
25. FUNERAL DIRECTOR: W. W. Meader and Son
ADDRESS: 805 N. Calvert

VS 150

35080 93D

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

H 620

50-10800

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50-10800

Registered No.

BIRTH NO. James

1. NAME OF DECEASED (Type or Print) ~~Jim~~ HARRIS

2. DATE OF DEATH 12/17/50

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) University

C. Length of stay in Baltimore Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Md.
B. COUNTY A.A.
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Freetown, Pasadena
D. STREET ADDRESS (If rural, give location) 5200

5. SEX M
6. COLOR OR RACE C
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) W
8. DATE OF BIRTH
9. AGE (In years last birthday) 78 If Under 1 Year Months Days If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10B. KIND OF BUSINESS OR INDUSTRY Retired
11. BIRTHPLACE (State or foreign country) Md
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Geo Harris
14. MOTHER'S MAIDEN NAME Mary Jones

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Isaac Harris ADDRESS

MEDICAL CERTIFICATION

CAUSE OF DEATH

18. 450.0

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Uremia - acidosis

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Malnutrition, dehydration

DUE TO

(C) Arteriosclerosis

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Cardiac failure

19A. DATE OF OPERATION 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12/17, 1950 *to* 12/17, 1950, *that I last saw the deceased alive on* 12/17, 1950, *and that death occurred at* 6:25 P. m., *from the causes and on the date stated above.*

23A. SIGNATURE Edwin M. Hubbard M. D.
23B. ADDRESS Freetown University Hosp
23C. DATE SIGNED 12/17/50

24A. BURIAL, CREMATION, REMOVAL (Specify)
24B. DATE 12/21/50
24C. NAME OF CEMETERY OR CREMATORY Magnolia Md
24D. LOCATION (City, town, or county) A.A. Co Md (State)

DATE RECEIVED BY LOCAL REGISTRAR DEC 18 1950
REGISTRAR'S SIGNATURE
25. FUNERAL DIRECTOR Isaac L. Brown Son
ADDRESS 108 W Montgomery St

VS 150

97

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M-320 50-10801

50-10801

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO.

1. NAME OF DECEASED (Type or Print): William H. Mathias

2. DATE OF DEATH: Dec. 15 / 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 529 S. Catherine St
C. Length of stay in Baltimore: Yrs. 00 Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 20-05
D. STREET ADDRESS (If rural, give location): 529 S. Catherine St

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 10/12/1868
9. AGE (In years last birthday): 82 | If Under 1 Year: Months Days | If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Stationary Engineer
10B. KIND OF BUSINESS OR INDUSTRY: Ives Brush Factory
11. BIRTHPLACE (State or foreign country): Frederick Co. Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Samuel Mathias
14. MOTHER'S MAIDEN NAME: Amelia - Horton

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 219-22-7343
17. INFORMANT: Emma S. Mathias
ADDRESS: - Same

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 3 days

DUE TO

ANTECEDENT CAUSES

(B) Hypertensive Cardio-vascular disease

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec 12, 1950, *to* Dec 15, 1950, *that I last saw the deceased alive on* Dec 15, 1950, *and that death occurred at* 5-p m., *from the causes and on the date stated above.*

23A. SIGNATURE: Harry Glassman M. D.
23B. ADDRESS: 753 W. Fayette St
23C. DATE SIGNED: Dec 18-50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: Dec. 19 / 1950
24C. NAME OF CEMETERY OR CREMATORY: Lorraine Park Cem.
24D. LOCATION (City, town, or county) (State): Woodlawn Md.

DATE RECEIVED BY LOCAL REGISTRAR: DEC 19 1950
REGISTRAR'S SIGNATURE: Thomas Williams, M.D.
25. FUNERAL DIRECTOR: J. B. Wippert & Son.
ADDRESS: 1300 Eutaw Pl.

VS 150

Dr. Glassman

93D-17

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

H-1560 50-10802

50-10802

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Doris E Heiner (Doris E. Heiner

2. DATE OF DEATH: 12-17-50

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Lutheran Hospital.
C. Length of stay in Baltimore — Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 16-04
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore City
D. STREET ADDRESS (If rural, give location): 630 N. Fulton Ave

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Aug. 19-1914
9. AGE (In years last birthday): 36
If Under 1 Year: Months Days
If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: At Home
11. BIRTHPLACE (State or foreign country): N. Carolina
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Lewis
14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.
17. INFORMANT — ADDRESS: Charles L. Heiner - Same

MEDICAL CERTIFICATION

18. 580 X

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Subacute Yellow Atrophy of Liver

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 11-17, 1950, *to* 12-17, 1950, *that I last saw the deceased alive on* 12-17, 1950, *and that death occurred at* 6 30 A *m., from the causes and on the date stated above.*

23A. SIGNATURE: Jerome Gaber M. D.
23B. ADDRESS: Lutheran Hosp
23C. DATE SIGNED: 12-17-50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: Dec 19/1950
24C. NAME OF CEMETERY OR CREMATORY: Balto-Westwood
24D. LOCATION (City, town, or county) (State): Balto - Md

DATE RECEIVED BY LOCAL REGISTRAR: DEC 19 1950
REGISTRAR'S SIGNATURE: [illegible] Williams, M.D.
25. FUNERAL DIRECTOR: F. B. Weyhrich & Son
ADDRESS: 1300 Eutaw St.

VS 150

125a

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given if data are available or may be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

B-650 50-10803

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50-10803
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): William Brown.

2. DATE OF DEATH: 12-17-50

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1013- Argyle ave.
C. Length of stay in Baltimore: Life. Yrs. 00 Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY: City.
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore. 17 0 2
D. STREET ADDRESS (If rural, give location): 1013- Argyle ave.

5. SEX: M.
6. COLOR OR RACE: Col.
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: ?-?-1887
9. AGE (In years last birthday): 63
If Under 1 Year: Months / Days
If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10B. KIND OF BUSINESS OR INDUSTRY: Self Employed
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Macellus Brown
14. MOTHER'S MAIDEN NAME: Mary Cornish

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): no
(If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.:
17. INFORMANT: Hellen Brown
18. ADDRESS: 1015 Argyle ave.

MEDICAL CERTIFICATION

18. 443 X

CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Hypertensive Cardio Vascular disease — INTERVAL BETWEEN ONSET AND DEATH: ?

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C) Malnutrition

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 6/10/48, 19__, *to* 12/17, 19__, *that I last saw the deceased alive on* 12/17, 19__, *and that death occurred at* 4:00 *m., from the causes and on the date stated above.*

23A. SIGNATURE: [illegible] Comer M. D.
23B. ADDRESS: 25 S Gay st
23C. DATE SIGNED:

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12-21-50
24C. NAME OF CEMETERY OR CREMATORY: Mt. Zion.
24D. LOCATION (City, town, or county) (State):

DATE RECEIVED BY LOCAL REGISTRAR: DEC 19 1950
REGISTRAR'S SIGNATURE: [illegible]
25. FUNERAL DIRECTOR: W. Halstead
ADDRESS: 918- Druid Hill Ave. 93D

VS 150

56424

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

A-124

50-10804

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 50-10804

1. NAME OF DECEASED (Type or Print): Ellen E. Abigill

2. DATE OF DEATH: Dec. 18, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2327 Greenmount Avenue
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 9-08
D. STREET ADDRESS (If rural, give location): 2327 Greenmount Avenue

5. SEX: female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): single
8. DATE OF BIRTH: April 14, 1866
9. AGE (In years last birthday): 84 — If Under 1 Year: Months, Days — If Under 24 Hours: Hours, Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret. Woolen Mill Worker
10B. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Baltimore, Maryland
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: John Abigill
14. MOTHER'S MAIDEN NAME: Martha Countess
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Myrtle Abigill Todd — ADDRESS: 2327 Greenmount Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the disease of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral Hemorrhage

DUE TO

Arteriosclerosis.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec 13, 1950, *to* Dec 18, 1950, *that I last saw the deceased alive on* Dec 17, 1950, *and that death occurred at* 10 *m., from the causes and on the date stated above.*

23A. SIGNATURE: Albert Scagnetti M. D.
23B. ADDRESS: 1724 W. Lombard St
23C. DATE SIGNED: Dec 18 '50.

24A. BURIAL, CREMATION, REMOVAL (Specify): burial
24B. DATE: 12/19/50
24C. NAME OF CEMETERY OR CREMATORY: Baltimore Cemetery
24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE RECEIVED BY LOCAL REGISTRAR: DEC 19 1950
REGISTRAR'S SIGNATURE: [illegible]
25. FUNERAL DIRECTOR: Hm. Cook, Inc.
ADDRESS: 1217 St. Paul Street

VS 150

83a

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given if supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

H-625 50-10805

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50-10805

Registered No.

1. NAME OF DECEASED (Type or Print): Martha A. Harrison

2. DATE OF DEATH: 12/17/50

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1045 S. Hanover St.
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY: 23-01
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Balto 23-01
D. STREET ADDRESS (If rural, give location): 1045 S. Hanover St.

5. SEX: Female
6. COLOR OR RACE: White
7. ~~SINGLE, MARRIED,~~ WIDOWED, ~~DIVORCED (Specify)~~: Widowed
8. DATE OF BIRTH: 11/3/1883
9. AGE (In years last birthday): 67
If Under 1 Year: Months: Days
If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: At Home
11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY:

13. FATHER'S NAME: Pete Jenkins
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Effie Fausnet
ADDRESS: 1417 Ostend St.

MEDICAL CERTIFICATION

18. 241X

CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Lobar Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 24 hours

DUE TO

ANTECEDENT CAUSES

(B) Chronic asthmatic bronchitis — 2 y

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C) —

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. —

19A. DATE OF OPERATION: None
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 11/29 *1950, to* 12/17 *, 1950, that I last saw the deceased alive on* 12/16 *, 1950, and that death occurred* ~~12:45~~ *a. m., from the causes and on the date stated above.*

23A. SIGNATURE: Harry Deiler M. D.
23B. ADDRESS: 1226 Hanover St
23C. DATE SIGNED: 12/18/50

24A. BURIAL, ~~CREMATION, REMOVAL (Specify)~~: Burial
24B. DATE: 12/21/50
24C. NAME OF CEMETERY ~~OR CREMATORY~~: Lorraine
24D. LOCATION (City, town, or county) (State): Balto. Co. Md.

DATE RECEIVED BY LOCAL REGISTRAR: DEC 19 1950
REGISTRAR'S SIGNATURE: Lucretia Williams, M.D.
25. FUNERAL DIRECTOR: Wm Cook Inc.
ADDRESS: 1217 St. Paul St.

VS 150

108

S-530 50-10806 X

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50-10806

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Ella V. Smith

2. DATE OF DEATH 12/17/50

3. PLACE OF DEATH: A. Baltimore City, Maryland Baltimore

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Maryland General Hospital

C. Length of stay in Baltimore Life. Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Maryland B. COUNTY Baltimore

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore

D. STREET ADDRESS (If rural, give location) 650 Orpington Rd. 5300

5. SEX Female

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH Dec, 14, 1889

9. AGE (In years last birthday) 61 | If Under 1 Year: Months, Days | If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife

10B. KIND OF BUSINESS OR INDUSTRY —

11. BIRTHPLACE (State or foreign country) Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Elijah Balker

14. MOTHER'S MAIDEN NAME Ella Ms Gee.

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) 570.3 and 410X

(A) Intestinal obstruction

DUE TO

ANTECEDENT CAUSES

(B) Volvulus.

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO (C) Mitral stenosis Rheumatic heart dis.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Left hemiplegia

19A. DATE OF OPERATION —

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/19, 1950, to 12/17, 1950, that I last saw the deceased alive on 12/17, 1950, and that death occurred at 7.55 p.m., from the causes and on the date stated above.

23A. SIGNATURE Anthony L. Verme M.D.

23B. ADDRESS Maryland Gen. Hosp.

23C. DATE SIGNED 12/18/50

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial

24B. DATE 12/21/50

24C. NAME OF CEMETERY OR CREMATORY Loudon Park Cem.

24D. LOCATION (City, town, or county) (State) Baltimore, Maryland

DATE RECEIVED BY LOCAL REGISTRAR DEC 19 1950

REGISTRAR'S SIGNATURE Christopher Williams, MD

25. FUNERAL DIRECTOR John T Stansbury

ADDRESS 2700 Edmondson Ave.

VS 150

122B

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

H-540 50-10807

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 50-10807

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Clara O Hamil

2. DATE OF DEATH: 12/18/1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2709 Edmondson Ave
c. Length of stay in Baltimore: Life (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: Baltimore
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 20-07
D. STREET ADDRESS (If rural, give location): 2709 Edmondson Ave.

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: 7/12/1865
9. AGE (In years last birthday): 85
If Under 1 Year: Months | Days | If Under 24 Hours: Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Uriah H. Mitchell
14. MOTHER'S MAIDEN NAME: Rebecca Riddle

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Miss Grace Mitchell
ADDRESS: 2709 Edmondson Ave.

MEDICAL CERTIFICATION

18. 450.1

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) Regional arteriosclerotic gangrene of left leg, toe to foot with toxemia and
DUE TO
(B) Generalized advanced arteriosclerotic type heart disease with congestive failure
DUE TO
(C) Generalized arteriosclerosis

INTERVAL BETWEEN ONSET AND DEATH
3 months
Several years.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 1, 1950, *to* Dec. 18, 1950, *that I last saw the deceased alive on* Dec. 16, 1950, *and that death occurred at* 7.15 Am., *from the causes and on the date stated above.*

23A. SIGNATURE: William Michel M. D.
23B. ADDRESS: 1015 Poplar Grove St
23C. DATE SIGNED: Dec 18 1950.

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12/21/1950
24C. NAME OF CEMETERY OR CREMATORY: Western Cemetery
24D. LOCATION (City, town, or county) (State): Baltimore Maryland

DATE RECEIVED BY LOCAL REGISTRAR: DEC 19 1950
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: John T Stansbury
ADDRESS: 2700 Edmondson Ave.

VS 150

937

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

H 616 50-10808 HERBERT

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50-10808

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Sara Elizabeth H. Herbert

2. DATE OF DEATH: 12/17/50

3. PLACE OF DEATH: A. Baltimore City, Maryland — Baltimore, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): South Baltimore General Hospital

C. Length of stay in Baltimore: 43 Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 14-02
D. STREET ADDRESS (If rural, give location): 1437 Myrtle Ave.

5. SEX: Female

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: March 12, 1878

9. AGE (In years last birthday): 72 — If Under 1 Year: Months Days — If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): H. W.

10B. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Elijah Herbert

14. MOTHER'S MAIDEN NAME: Maggie Heaver

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, oo or unkoown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT — ADDRESS

MEDICAL CERTIFICATION

18. 443X

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebro. Vascular Hemorrhage

DUE TO

(B) Hypertensive C-V- Disease

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

INTERVAL BETWEEN ONSET AND DEATH

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 2

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12/17/50, 19__, *to* 12/17/50, 19__, *that I last saw the deceased alive on* 12/17/50, 19__ *and that death occurred at* 3:55 P. m., *from the causes and on the date stated above.*

23A. SIGNATURE: Dr. C. D. Quirino M. D.

23B. ADDRESS: 1213 Light Street

23C. DATE SIGNED: 12/18/50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial

24B. DATE: Dec. 21-50

24C. NAME OF CEMETERY OR CREMATORY: Mt. Auburn

24D. LOCATION (City, town, or county) (State): Balto

DATE RECEIVED BY LOCAL REGISTRAR: DEC 19 1950

REGISTRAR'S SIGNATURE: Huntington Williams, M.D.

25. FUNERAL DIRECTOR: James A. Hayes

ADDRESS: 658 N. Gilmor St

VS 150

93D

F. 634

50-10809

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50-10809

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): MAX · FRIEDLANDER ·

2. DATE OF DEATH: 12-18-50

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): SINAI Hosp.

C. Length of stay in Baltimore: 50 Yrs. ~~Mos. Days~~

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 27-17
D. STREET ADDRESS (If rural, give location): Levindale

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widow
8. DATE OF BIRTH:
9. AGE (In years and birthday): 89
If Under 1 Year: Months: Days
If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work, done during most of working life, even if retired): None
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Russia
12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Not Known
14. MOTHER'S MAIDEN NAME: Not Known

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown):
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Louis Friedlander
ADDRESS: Md

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

331X

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Pneumonia

DUE TO

ANTECEDENT CAUSES

(B) C L A.

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 12-10, 1950, *to* 12-18, 1950, *that I last saw the deceased alive on* 12-18, 1950, *and that death occurred at* 11 P *m., from the causes and on the date stated above.*

23A. SIGNATURE: Jeffery C Stoffmann M. D.
23B. ADDRESS: Sinai Hosp.
23C. DATE SIGNED: 12-18-50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12-19-50
24C. NAME OF CEMETERY OR CREMATORY: Rosedale
24D. LOCATION (City, town, or county) (State): Balto, Md

DATE RECEIVED BY LOCAL REGISTRAR: DEC 19 1950
REGISTRAR'S SIGNATURE: Washington Williams, M.D.
25. FUNERAL DIRECTOR: Jack Levin Inc
ADDRESS: 2100 Eutaw Pl

VS 150

83a

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

50-10810

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50-10810

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): CLARA KERPELMAN

2. DATE OF DEATH: 12-19-50

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 4353 Reisterstown Rd
C. Length of stay in Baltimore: 50 Yrs. ~~Mos.~~ ~~Days~~

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY: 15-13
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 2824 Boarman Ave

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widow
8. DATE OF BIRTH:
9. AGE (In years last birthday): 82
If Under 1 Year: Months: Days
If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Russia
12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Jacob
14. MOTHER'S MAIDEN NAME: Sarah

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown):
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Dora Nelson - ADDRESS: 4353 Reist. Rd

MEDICAL CERTIFICATION

18. 420.1

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Acute Coronary Infarction

DUE TO

(B) Ch Myocarditis

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 10/15 *1950, to* 12/18 *1950, that I last saw the deceased alive on* 12/18 *1950, and that death occurred at* 2A *m., from the causes and on the date stated above.*

23A. SIGNATURE: A. L. Hornstein M. D.
23B. ADDRESS: 204 E. Biddle St
23C. DATE SIGNED: 12/19/50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12-20-50
24C. NAME OF CEMETERY OR CREMATORY: Rosedale
24D. LOCATION (City, town, or county) (State): Balto Md

DATE RECEIVED BY LOCAL REGISTRAR: DEC 19 1950
REGISTRAR'S SIGNATURE:
25. FUNERAL DIRECTOR: Jack Levin Inc
ADDRESS: 2100 Eutaw Pl

VS 150

93E

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Houston

V-520

50-10811

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50-10811

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Delitha D. Jones

2. DATE OF DEATH: 12-18-50

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Md. Gen. Hosp.
C. Length of stay in Baltimore — Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY: —
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Balto. 27-38
D. STREET ADDRESS (If rural, give location): 1114 Ramblewood Rd.

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): M.
8. DATE OF BIRTH: July 12, 1905
9. AGE (In years last birthday): 45
If Under 1 Year: Months Days
If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Hs wife
10B. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Delaware
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Rudolph Dean
14. MOTHER'S MAIDEN NAME: Martha A Porter

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: —
17. INFORMANT: Elbert M. Jones — ADDRESS: 1114 Ramblewood

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cirrhosis of liver

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 12-9-50
19B. MAJOR FINDINGS OF OPERATION: Cirrhosis of liver
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH: No
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.): —
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): —
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.: —
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR? —

22. *I hereby certify that I attended the deceased from* 11-28, 1950 *to* 12-18, 1950, *that I last saw the deceased alive on* 12-18, 1950 *and that death occurred at* 11 05 A *m., from the causes and on the date stated above.*

23A. SIGNATURE: W. Brindle M. D.
23B. ADDRESS: Md. Gen. Hosp.
23C. DATE SIGNED: 12-18-50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12-21-50
24C. NAME OF CEMETERY OR CREMATORY: Gracelawn Memorial Park
24D. LOCATION (City, town, or county) (State): New Castle Hundred Delaware

DATE RECEIVED BY LOCAL REGISTRAR: DEC 19 1950
REGISTRAR'S SIGNATURE: Eustace Williams M.D.
25. FUNERAL DIRECTOR: John O. Mitchell & Sons Inc.
ADDRESS: 1900 Eutaw Place

VS 150

124B

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1610

50-10812

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50-10812

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): MINNIE KIRBY

2. DATE OF DEATH: 12/16/50

3. PLACE OF DEATH:
A. Baltimore City, Maryland 821 Patapsco Ave.
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): DO
C. Length of stay in Baltimore: Life (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 25-04
D. STREET ADDRESS (If rural, give location): 821 Patapsco Avenue

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): M
8. DATE OF BIRTH: 8/26/1889
9. AGE (In years last birthday): 61 — If Under 1 Year: Months / Days — If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework
10B. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Baltimore
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Family - Same — ADDRESS

MEDICAL CERTIFICATION

18. 252.0

CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cardiac Decompensation — INTERVAL BETWEEN ONSET AND DEATH: 2 years

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Hypertension - Toxic Adenoma. — 2 years

DUE TO

(C) Arteriosclerosis — 2 years

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 11, 1950, *to* Dec 17, 1950, *that I last saw the deceased alive on* Dec 17, 1950 *and that death occurred at* 3:30 P.M., *from the causes and on the date stated above.*

23A. SIGNATURE: [signature] M. D.
23B. ADDRESS: 1045 Patapsco Ave.
23C. DATE SIGNED: 12-18-50

24A. BURIAL, CREMATION, REMOVAL (Specify): B
24B. DATE: 12/20/50
24C. NAME OF CEMETERY OR CREMATORY: Cedar Hill
24D. LOCATION (City, town, or county) (State): Baltimore

DATE RECEIVED BY LOCAL REGISTRAR: DEC 19 1950
REGISTRAR'S SIGNATURE: Lucille Williams, M.D.
25. FUNERAL DIRECTOR: James L. McCarey — ADDRESS: 130 E. Fort Ave.

VS 150

Dr. Riley - 1045 Patapsco Ave

63B

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

D-520 50-10813

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 50-10813

BIRTH NO.

1. NAME OF DECEASED (Type or Print): MARTIN JOHN DEMEK

2. DATE OF DEATH: 12/17/50

3. PLACE OF DEATH:
A. Baltimore City, Maryland 1708 Patapsco St.
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): NO
C. Length of stay in Baltimore: Life (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 23-03
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 1708 Patapsco Street

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): M
8. DATE OF BIRTH: 8/31/1886
9. AGE (In years last birthday): 64 — If Under 1 Year: Months / Days — If Under 24 Hours: Hours / Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Motorman
10B. KIND OF BUSINESS OR INDUSTRY: B.T.C.
11. BIRTHPLACE (State or foreign country): Baltimore
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: John C. Demek — ST. RAILWAY
14. MOTHER'S MAIDEN NAME: Margaret Meckel
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Family - Same — ADDRESS

MEDICAL CERTIFICATION

18. 581.0

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Cerebral Hemorrhage — 1 day
DUE TO
ANTECEDENT CAUSES
(B) Cirrhosis of Liver — 10 yrs.
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
DUE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 1948, to Dec. 17, 1950, that I last saw the deceased alive on Dec. 17, 1950, and that death occurred at 8:30 a.m., from the causes and on the date stated above.

23A. SIGNATURE: Solomon Ritzman M. D.
23B. ADDRESS: 7424 Eutaw Place
23C. DATE SIGNED: 12-19-50

24A. BURIAL, CREMATION, REMOVAL (Specify): B
24B. DATE: 12/20/50
24C. NAME OF CEMETERY OR CREMATORY: Holy Cross
24D. LOCATION (City, town, or county) (State): Baltimore

DATE RECEIVED BY LOCAL REGISTRAR: DEC 19 1950
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: [illegible]
ADDRESS: 130 E. Fort Ave.

VS 150

66151 124B

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

P-552 50-10814

50-10814

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 3698

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Elizabeth Pennington

2. DATE OF DEATH: 12-17-50

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 208 Dolphin St.
C. Length of stay in Baltimore: Life (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 11-04
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 208 Dolphin St.

5. SEX: Female
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Sept? 1872
9. AGE (In years last birthday): 78
If Under 1 Year: Months: Days
If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: own home
11. BIRTHPLACE (State or foreign country): Baltimore Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT: Rebecca Moal
ADDRESS: Towson Pittsspring Rd. Md.

MEDICAL CERTIFICATION

18. 331X

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Cerebral hemorrhage — Same day
DUE TO
ANTECEDENT CAUSES
(B) Hypertension — Unknown
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
DUE TO
(C) arterio Sclerosis — Unknown

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.
Chr. Poly rheumatoid arthritis — Unknown

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 9-29-, 1950, *to* 12-17-, 1950, *that I last saw the deceased alive on* 12-16, 1950, *and that death occurred at* 5:20 P *m., from the causes and on the date stated above.*

23A. SIGNATURE: Frank A. Saunders M. D.
23B. ADDRESS: 1029 N. Stricker St.
23C. DATE SIGNED: 12-18-50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12-20-50
24C. NAME OF CEMETERY OR CREMATORY: Mt. Auburn Cem
24D. LOCATION (City, town, or county) (State): Baltimore. Md

DATE RECEIVED BY LOCAL REGISTRAR: DEC 19 1950
REGISTRAR'S SIGNATURE: [illegible] Williams M.D.
25. FUNERAL DIRECTOR: Nathaniel A. Hawley
ADDRESS: 578a Biddert

VS 150

83a

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

P-320

50-10815

REA-136828

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 50-10815

1. NAME OF DECEASED (Type or Print): Karl Potocki

2. DATE OF DEATH: Dec. 15, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Baltimore City Hospitals, 4940 Eastern Avenue
C. Length of stay in Baltimore: 35 Yrs. ~~Mos.~~ ~~Days~~

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 3-1-02
D. STREET ADDRESS (If rural, give location): 1337 Sargent Street

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: Feb. 5, 1872
9. AGE (In years last birthday): 78
If Under 1 Year: Months: Days
If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Yugoslavia
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: (D)
14. MOTHER'S MAIDEN NAME: (D)

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 216-90-7794
17. INFORMANT: Records: B. C. H. 4940 Eastern Avenue
ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Carcinoma of the Lung — INTERVAL BETWEEN ONSET AND DEATH: 6 Months

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

163X

19A. DATE OF OPERATION: 11-25-50
19B. MAJOR FINDINGS OF OPERATION: Bronchoscopy
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3-25, 19 50, *to* 12-15, 19 50, *that I last saw the deceased alive on* 12-15 19 50, *and that death occurred at* 8 P *m., from the causes and on the date stated above.*

23A. SIGNATURE: C. S. Rozen M. D.
23B. ADDRESS: 4940 Eastern Avenue
23C. DATE SIGNED: 12-18-50

24A. BURIAL, CREMATION, REMOVAL (Specify): Dec 19 d
24B. DATE:
24C. NAME OF CEMETERY OR CREMATORY: Loudon Park.
24D. LOCATION (City, town, or county) (State):

DATE RECEIVED BY LOCAL REGISTRAR: DEC 19 1950
REGISTRAR'S SIGNATURE: Lucy Jon Williams, M.D.
25. FUNERAL DIRECTOR: C. Jones
ADDRESS: 501 Reid Blvd

VS 150

477 PKW

MARGIN RESERVED FOR BINDING

PLEASE WRITE HEAVILY, WITH UNFADING INK. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and briefly.

C-552

50-10816

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50-10816

Registered No.

ND-122740
BIRTH NO.

1. NAME OF DECEASED (Type or Print): Charles Cummings or Charles Cumming

2. DATE OF DEATH: Dec.18,1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Baltimore City Hospitals 4940 Eastern Avenue
C. Length of stay in Baltimore: 40 Years (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 5-02
D. STREET ADDRESS (If rural, give location): 1107 McEldrey St. McElderry

5. SEX: M
6. COLOR OR RACE: N
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Separated
8. DATE OF BIRTH: June26, 1892
9. AGE (In years last birthday): 58 (If Under 1 Year: Months, Days; If Under 24 Hours: Hours, Min.)

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10B. KIND OF BUSINESS OR INDUSTRY: Day Work
11. BIRTHPLACE (State or foreign country): South Carolina
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John Cummings or John Cumming
14. MOTHER'S MAIDEN NAME: Ellen Campbell

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Baltimore City Hospitals Records
ADDRESS: 4940 Eastern Avenue

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 3 days
DUE TO

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B)
DUE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 9-6, 1950 *to* 12-18, 1950 *that I last saw the deceased alive on* 12-18, 1950 *and that death occurred at* 8:45a *m., from the causes and on the date stated above.*

23A. SIGNATURE: R. Cogan M. D.
23B. ADDRESS: 4940 Eastern Avenue
23C. DATE SIGNED: 12-18-50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12-29-50
24C. NAME OF CEMETERY OR CREMATORY: St.Stephens
24D. LOCATION (City, town, or county) (State): Elkridge,Md.

DATE RECEIVED BY LOCAL REGISTRAR: DEC 19 1950
REGISTRAR'S SIGNATURE: Austin for Williams
25. FUNERAL DIRECTOR: F.C.Higinbothom,Ellicott City,Md.
ADDRESS

VS 150

97099

83B

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

B-520 50-10817

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50-10817
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Anna Boyhan

2. DATE OF DEATH: Dec-18-1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland 4-700 Hartford Ave
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Hartford Convalescent Home
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 8-07
D. STREET ADDRESS (If rural, give location): 2037 E. Preston St

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Nov-4-1865
9. AGE (In years last birthday): 85
If Under 1 Year: Months / Days
If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY: At Home
11. BIRTHPLACE (State or foreign country): Germany
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Henry Boyhan ADDRESS: 2037 E. Preston St

MEDICAL CERTIFICATION

18. 450.1

I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Hemiplegia (Rt.) Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 12/15/50

DUE TO cerebral (by petechiae or

(B) Arteria-Sclerosis —

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT: arteria-sclerosis of rt. lower extremities — (amputation)

19A. DATE OF OPERATION: Feb 1/50
19B. MAJOR FINDINGS OF OPERATION: Gangrene of Rt. big toe (amputation of rt. leg at mid half of thigh)
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept 2, 1950, *to* Dec, 1950, *that I last saw the deceased alive on* Dec 17, 1950, *and that death occurred at* 8:45 A m., *from the causes and on the date stated above.*

23A. SIGNATURE: Louis F. Krumeen M. D.
23B. ADDRESS: 722 N. Kenwood Ave
23C. DATE SIGNED: 12/18/50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12-21-1950
24C. NAME OF CEMETERY OR CREMATORY: Immanuel Luth Cemetery
24D. LOCATION (City, town, or county) (State): Balto Md

DATE RECEIVED BY LOCAL REGISTRAR: DEC 18 1950
REGISTRAR'S SIGNATURE: Lillian Williams M.D.
25. FUNERAL DIRECTOR: John C. Mellyson
ADDRESS: 2435 E. Oliver St

VS 150

83B

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

[illegible]

C-620

50-10818

50-10818

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): ESSIE COURSEY (CORSEY)

2. DATE OF DEATH: 12-17-50

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1014 N. WASHINGTON, ST
c. Length of stay in Baltimore: 15 YRS. (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BALTIMORE 7-04
D. STREET ADDRESS (If rural, give location): 1014 N. WASHINGTON ST.

5. SEX: F.
6. COLOR OR RACE: C.
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): WIDOW
8. DATE OF BIRTH: 8-16-1895
9. AGE (In years last birthday): 55
If Under 1 Year: Months: Days
If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE
10B. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): AUGUSTA GA.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: ARCHIE MOORE
14. MOTHER'S MAIDEN NAME: CLARA MOORE

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): NO
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: BERNARD CULLISON
ADDRESS: 1014 N. WASH. ST.

MEDICAL CERTIFICATION

18. 442X

CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Hypertensive cardiorenal disease. — INTERVAL BETWEEN ONSET AND DEATH: 6 mo

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Arteriosclerosis — ?

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June 1950, *to* Dec 17, 1950, *that I last saw the deceased alive on* Dec 16, 1950, *and that death occurred at* 5:00 P.M., *from the causes and on the date stated above.*

23A. SIGNATURE: T.D. Thipe M. D.
23B. ADDRESS: 1422 E. Chase St
23C. DATE SIGNED: 12/18/50

24A. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: 12-21-50
24C. NAME OF CEMETERY OR CREMATORY: MT. CALVARY
24D. LOCATION (City, town, or county) (State): A.A. COUNTY Md

DATE RECEIVED BY LOCAL REGISTRAR: DEC 19 1950
REGISTRAR'S SIGNATURE: Charles Williams
25. FUNERAL DIRECTOR: Joseph G. Dorsey, Jr.
ADDRESS: 1304 N. CENTRAL AVE

VS 150

131a

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

C-142

50-10819

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50-10819

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Helen Vera Chapulis

2. DATE OF DEATH: Dec. 16, 1950

3. PLACE OF DEATH: A. Baltimore City, Maryland — Baltimore, Md.

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1824 E. Pratt St.

C. Length of stay in Baltimore: 41 Yrs. (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Maryland

B. COUNTY: 2-02

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore

D. STREET ADDRESS (If rural, give location): 1824 E. Pratt St.

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: March 17, 1909

9. AGE (In years last birthday): 41 Yrs.

If Under 1 Year: Months / Days

If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Martin Dabrowski

14. MOTHER'S MAIDEN NAME: Frances Stasiak

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 212-09-5061

17. INFORMANT: Peter Chapulis, ADDRESS: 1824 E. Pratt St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

170X

(A) Carcinoma of Breast — INTERVAL BETWEEN ONSET AND DEATH: 12/11/47

DUE TO

(B)

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/11/47, 19__, to 12/16, 1950, that I last saw the deceased alive on 12/15, 1950, and that death occurred at 8 45 a.m. from the causes and on the date stated above.

23A. SIGNATURE: Milton L. Solomon M. D.

23B. ADDRESS: 129 S. Bway

23C. DATE SIGNED: 12/19/50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial

24B. DATE: Dec. 20, 1950

24C. NAME OF CEMETERY OR CREMATORY: Holy Rosary Cem.

24D. LOCATION (City, town, or county) (State): Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR: DEC 19 1950

REGISTRAR'S SIGNATURE: Cuthbert Williams, M.D.

25. FUNERAL DIRECTOR: Bernard Dabrowski, ADDRESS: 2818 E. Baltimore St.

VS 150

50

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

For Medical Examiner's Approval

S-430 50-10820

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50-10820

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Stanley Slade (STANLEY SLADE)

2. DATE OF DEATH: 12/16/50

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sinai Hospital
C. Length of stay in Baltimore: 49 yrs (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 9-08
D. STREET ADDRESS (If rural, give location): 1201 Darley Avenue

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widower
8. DATE OF BIRTH: Sept. 1, 1862
9. AGE (In years last birthday): 88 — If Under 1 Year: Months, Days — If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): motorman
10B. KIND OF BUSINESS OR INDUSTRY: Balto, Transit Co.
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: John B. Slade
14. MOTHER'S MAIDEN NAME: Mary ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT: 1201 Darley Avenue (Address) Miss Mary G. Slade

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

I

(A) Pulmonary edema & uremia

DUE TO

(B) Arteriosclerotic - cardio - vascular - renal disease.

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Ca of prostate c̄ metastases.

442X and 177X

CERTIFICATION APPROVED BY
Stanley H. Dauchy M.D.
CHIEF OR ASST. MEDICAL EXAMINER

19A. DATE OF OPERATION: —
19B. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 16 Dec 195, *to* 16 Dec, 1950, *that I last saw the deceased alive on* 16 Dec, 1950, *and that death occurred at* 8:00 p *m., from the causes and on the date stated above.*

23A. SIGNATURE: George H. Menstein M. D.
23B. ADDRESS: Sinai Hospital.
23C. DATE SIGNED: 17 Dec 50

24A. BURIAL, CREMATION, REMOVAL (Specify): burial
24B. DATE: 12/20/50
24C. NAME OF CEMETERY OR CREMATORY: Loudon Park Cemetery
24D. LOCATION (City, town, or county) (State): Baltimore, Md

DATE RECEIVED BY LOCAL REGISTRAR: DEC 19 1950
REGISTRAR'S SIGNATURE: Hunting for Williams M.D.
25. FUNERAL DIRECTOR: HENRY SANDER & SONS, INC. BALTO. 13, MD.
ADDRESS: Stanley F. Sander

VS 150

51B

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

K-300

50-10821

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 50-10821

BIRTH NO.

1. NAME OF DECEASED (Type or Print): NETTIE VIRGINIA KIDD

2. DATE OF DEATH: Dec. 16, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1811 N. Milton Avenue
C. Length of stay in Baltimore: 28 yrs (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 8-02
D. STREET ADDRESS (If rural, give location): 1811 N. Milton Avenue

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Jan. 14, 1894
9. AGE (In years last birthday): 56
If Under 1 Year: Months: Days:
If Under 24 Hours: Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housework
10B. KIND OF BUSINESS OR INDUSTRY: at home
11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Matthew Hibble
14. MOTHER'S MAIDEN NAME: ? Houston

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): no (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: none
17. INFORMANT: Mr Harry L. Kidd ADDRESS: 1811 N. Milton Avenue

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 5 minutes

DUE TO

(B) Coronary Arteriosclerosis?

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Sept. 19, 1949 *to* Dec 16, 1950, *that I last saw the deceased alive on* Dec. 14, 1950 *and that death occurred at* 4 P m., *from the causes and on the date stated above.*

23A. SIGNATURE: J. Karl Grossman M. D.
23B. ADDRESS: 1212 N. Patterson Park Ave.
23C. DATE SIGNED: 12/19/50

24A. BURIAL, CREMATION, REMOVAL (Specify): burial
24B. DATE: 12/19/50
24C. NAME OF CEMETERY OR CREMATORY: Moreland Memorial Cem
24D. LOCATION (City, town, or county) (State): Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR: DEC 19 1950
REGISTRAR'S SIGNATURE: Huntington Williams M.D.
25. FUNERAL DIRECTOR: HENRY SANDER & SONS, INC. BALTO., 13, MD.
ADDRESS: Denis J. Keil

VS 150

94a

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

T-600

50-10822

50-10822

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): MILTON ADRIAN TARR

2. DATE OF DEATH: Dec. 16. 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 00 1637 Abbottston St.
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore - 18 9-07
D. STREET ADDRESS (If rural, give location): 1637 Abbottston St.

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Aug. 6, 1902
9. AGE (In years last birthday): 48 — If Under 1 Year: Months: Days — If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Sterotype Operator
10B. KIND OF BUSINESS OR INDUSTRY: Balto. News Post Newspaper
11. BIRTHPLACE (State or foreign country): Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Wilbur Howard Tarr
14. MOTHER'S MAIDEN NAME: Agnes Matilda Petersen

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 215-09-5023
17. INFORMANT: Edith T. Tarr ADDRESS: 1637 Abbottston Street

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: Minutes

DUE TO

(B) 1 to 2 months ago

DUE TO first attack

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec 1949 *to* Dec 16, 1950 *that I last saw the deceased alive on* Dec 14 1950 *and that death occurred at* 5 P *m., from the causes and on the date stated above.*

23A. SIGNATURE: Ed L. Emmerman M. D.
23B. ADDRESS: 9858 Dayard Rd
23C. DATE SIGNED: 12-17-52

24A. BURIAL, CREMATION, REMOVAL (Specify): burial
24B. DATE: 12/19/50
24C. NAME OF CEMETERY OR CREMATORY: Baltimore Cemetery
24D. LOCATION (City, town, or county) (State): Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR: DEC 19 1950
REGISTRAR'S SIGNATURE: Twitie for Williams
25. FUNERAL DIRECTOR: HENRY SANDER & SONS. INC
ADDRESS: Henry P. Sander

VS 150

52044

94a

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

N-200 50-10823 MARY NOWICKI

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50-10823

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): MARY WONICKI NOWICKI

2. DATE OF DEATH: 12/16/50.

3. PLACE OF DEATH:
A. Baltimore City, Maryland ✓
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Church Home & Hospital.
C. Length of stay in Baltimore: Yrs. life. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore. 1-04
D. STREET ADDRESS (If rural, give location): 811 S. Belnord Ave.

5. SEX: F.
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 1/19/1892.
9. AGE (In years last birthday): 58.
If Under 1 Year: Months: Days
If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife.
10B. KIND OF BUSINESS OR INDUSTRY: –
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: Thomas Jurkowski.
14. MOTHER'S MAIDEN NAME: Victoria Seidek.

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.
17. INFORMANT: ADDRESS: Church Home

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Acute myocardial Infarction. — INTERVAL BETWEEN ONSET AND DEATH: 20 hrs.

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12/14/50, 19__, *to* 12/16, 19__, *that I last saw the deceased alive on* 12/16, 19 50, *and that death occurred at* 7.40 A m., *from the causes and on the date stated above.*

23A. SIGNATURE: Dorene L Emberg M. D.
23B. ADDRESS: Church Home & Hosp.
23C. DATE SIGNED: 12/15/50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: Dec. 20/50
24C. NAME OF CEMETERY OR CREMATORY: St. Stanislaus
24D. LOCATION (City, town, or county) (State): Baltimore

DATE RECEIVED BY LOCAL REGISTRAR: DEC 19 1950
REGISTRAR'S SIGNATURE: [illegible]
25. FUNERAL DIRECTOR: Fred W. Ozgazinski
ADDRESS:

VS 150

94a

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

H-550
50-10824

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

X 50-10824
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): WALLACE HAYMAN

2. DATE OF DEATH: 12-19-50

3. PLACE OF DEATH:
A. Baltimore City, Maryland — OSh.5
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): THE JOHNS HOPKINS HOSPITAL
C. Length of stay in Baltimore: 3 1/2 Months (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: FLA.
B. COUNTY: V-08
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ORLANDO
D. STREET ADDRESS (If rural, give location): 27 N. MILLS St.

5. SEX: MALE
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): SINGLE
8. DATE OF BIRTH: 8-7-16
9. AGE (In years last birthday): 34
If Under 1 Year: Months: Days
If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Salesman
10B. KIND OF BUSINESS OR INDUSTRY: Food (W)
11. BIRTHPLACE (State or foreign country): Leesburg Fla
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: J. W. HAYMAN
14. MOTHER'S MAIDEN NAME: Annie Robinson

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): no
(If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: 264-24-6295
17. INFORMANT: ADDRESS: THE JOHNS HOPKINS HOSPITAL

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Malignant Melanocarcinoma — INTERVAL BETWEEN ONSET AND DEATH: 18 mos.
DUE TO
(B)
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 9-13- 1950 *to* 12-19 1950, *that I last saw the deceased alive on* 12-19- 1950, *and that death occurred at* 12.40 *Am., from the causes and on the date stated above.*

23A. SIGNATURE: J. B. Bana M. D.
23B. ADDRESS: THE JOHNS HOPKINS HOSPITAL
23C. DATE SIGNED:

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: Dec-19-50
24C. NAME OF CEMETERY OR CREMATORY: Oak Lawn Cemetery
24D. LOCATION (City, town, or county) (State): Leesburg - Fla.

DATE RECEIVED BY LOCAL REGISTRAR: DEC 19 1950
REGISTRAR'S SIGNATURE: [illegible]
25. FUNERAL DIRECTOR: Earl B. Mobrelton
ADDRESS: 403 - E. 25th St.

49063 53

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.
MARGIN RESERVED FOR BINDING

C-455
50-10825

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50-10825
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): George Coleman

2. DATE OF DEATH: 12-18-50

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2037 Llewelyn Ave
C. Length of stay in Baltimore: Yrs. Mos. Days: Life

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 8-07
D. STREET ADDRESS (If rural, give location): 2037 Llewelyn Ave

5. SEX: M
6. COLOR OR RACE: Col
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Aug 15-1901
9. AGE (In years last birthday): 49
If Under 1 Year: Months: Days:
If Under 24 Hours: Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10B. KIND OF BUSINESS OR INDUSTRY: General
11. BIRTHPLACE (State or foreign country): Baltimore
12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Lewis Coleman
14. MOTHER'S MAIDEN NAME: Rachel Denby

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown):
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Rachel Hill
ADDRESS: 1606 E. Biddle St

MEDICAL CERTIFICATION

CAUSE OF DEATH

1B. 422.1

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Myocardial Insufficiency — Unknown

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Arteriosclerotic Cardiovascular Disease — Unknown

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* Inspection (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☐, *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

23A. SIGNATURE: Robert B. McFadden M.D.
23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☑
23C. DATE SIGNED: 12-18-50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12-22-50
24C. NAME OF CEMETERY OR CREMATORY: Mt Calvary Cem
24D. LOCATION (City, town, or county) (State): A. A. Co Md

DATE RECEIVED BY LOCAL REGISTRAR:
REGISTRAR'S SIGNATURE: Winston Williams M.D.
25. FUNERAL DIRECTOR: Rayner Sanders
ADDRESS: 1412 E Preston St

DEC 19 1950
VS 151
97099

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

S-530

50-10826

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50-10826

Registered No.

1. NAME OF DECEASED (Type or Print): Hugh Smith

2. DATE OF DEATH: 12/17/50

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1735 Wilkens Ave.
C. Length of stay in Baltimore: 26 yrs (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 1735 Wilkens Ave.

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: June 10, 1889
9. AGE (In years last birthday): 61 — If Under 1 Year: Months, Days — If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Cabinet Maker
10B. KIND OF BUSINESS OR INDUSTRY: Hotel Belvedere
11. BIRTHPLACE (State or foreign country): A.A.Co.Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Louis Smith
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 217 03 3304
17. INFORMANT: Mrs. Belle Smith, 1735 Wilkens Ave — ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Coronary occlusion — 2 yrs

DUE TO

ANTECEDENT CAUSES

(B) arteriosclerotic cardio-vascular disease — 20 yrs

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. — None

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 1, 1889 *to* 12/17, 1950, *that I last saw the deceased alive on* 12/17, 1950, *and that death occurred at* 11:30 P. m., *from the causes and on the date stated above.*

23A. SIGNATURE: Benjamin Miller MD M. D.
23B. ADDRESS: 10 So Wilkens Ave
23C. DATE SIGNED: 12/19/50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12/21/50
24C. NAME OF CEMETERY OR CREMATORY: Loudon Pk.
24D. LOCATION (City, town, or county) (State): 3801 Frederick Rd. Balto. 29, Md.

DATE RECEIVED BY LOCAL REGISTRAR: DEC 19 1950
REGISTRAR'S SIGNATURE: Washington Williams M.D.
25. FUNERAL DIRECTOR: Harry A. Little
ADDRESS: 4101 Edmondson Ave.

VS 150

505 813

93D

P-620
50-10827

50-10827

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

BIRTH NO. Marcellina Pierce

1. NAME OF DECEASED (Type or Print) MARCELLENA PRICE

2. DATE OF DEATH DEC 16, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland HAL 4
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) THE JOHNS HOPKINS HOSPITAL
C. Length of stay in Baltimore Yrs. Mos. Days 33

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE MARYLAND
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE 7-05
D. STREET ADDRESS (If rural, give location) 707 N. CAROLINE ST.

5. SEX FEMALE
6. COLOR OR RACE COLORED
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED
8. DATE OF BIRTH 2-8-86
9. AGE (In years last birthday) 64
If Under 1 Year: Months Days
If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10B. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Balto. Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Wm. HAYWOOD
14. MOTHER'S MAIDEN NAME GEORGEANNA PIERCE

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT ADDRESS THE JOHNS HOPKINS HOSPITAL

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Arteriosclerotic Heart Disease — 3 yr +

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Diabetes Mellitus - Arteriosclerosis — 3 yr +

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Supracondylar Amputation for diabetic gangrene — 2 wks.

19A. DATE OF OPERATION 12/1/50
19B. MAJOR FINDINGS OF OPERATION Diabetic Arteriosclerotic gangrene of foot.
20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 11-30-1950 *to* 12-16, 1950, *that I last saw the deceased alive on* 12-16-1950 *and that death occurred at* 8:55 *p.m., from the causes and on the date stated above.*

23A. SIGNATURE William F. Mengert M. D.
23B. ADDRESS THE JOHNS HOPKINS HOSPITAL
23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial
24B. DATE 12/20/50
24C. NAME OF CEMETERY OR CREMATORY Arbutus Memorial Park
24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR DEC 19 1950
REGISTRAR'S SIGNATURE Quentin Williams, M.D.
25. FUNERAL DIRECTOR Robert L. Young
ADDRESS 1532 E. Monument St.

VS 150

61

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

F-652
50-10828

50-10828

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): HENRY EDWARD FRANKENBERGER

2. DATE OF DEATH: 12/18/50

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ST. JOSEPH'S HOSP.
c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MD.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BALTO. 26-01
D. STREET ADDRESS (If rural, give location): 5600 RADECKE AVE.

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: May 30-1903
9. AGE (In years last birthday): 47
If Under 1 Year: Months: Days
If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clerk - Pilot Shoe Co
10B. KIND OF BUSINESS OR INDUSTRY: (M)
11. BIRTHPLACE (State or foreign country): Balto Co Md
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John G. Frankenberger
14. MOTHER'S MAIDEN NAME: Anna Bauer

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Mrs. Margaret Frankenberger
ADDRESS: Same

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 12 hrs.
DUE TO hypertensive cardio-vascular-renal disease
(B)
DUE TO
(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12/18/50 19__, *to* 12/18/50 19__, *that I last saw the deceased alive on* 12/18/50, *and that death occurred at* 10:25 p m., *from the causes and on the date stated above.*

23A. SIGNATURE: Thaddeus Siwinski M. D.
23B. ADDRESS: St. Joseph's Hosp.
23C. DATE SIGNED: 12/18/50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12/21/50
24C. NAME OF CEMETERY OR CREMATORY: Holy Redeemer
24D. LOCATION (City, town, or county) (State): Balto Md

DATE RECEIVED BY LOCAL REGISTRAR:
REGISTRAR'S SIGNATURE: [illegible] Williams M.D.
25. FUNERAL DIRECTOR: L. J. Luck
ADDRESS: 5305 Harford

DEC 19 1950

3904W

131a

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F-552

50-10829

ND-143907

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50-10829

Registered No.

1. NAME OF DECEASED (Type or Print): Frederick Fanning

2. DATE OF DEATH: Dec. 18, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Baltimore City Hospitals, 4940 Eastern Avenue
C. Length of stay in Baltimore: Yrs. Mos. Days — Life

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 26-11
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 813 S. Clinton St. (24)

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: May 12, 1876
9. AGE (In years last birthday): 74 — If Under 1 Year: Months, Days — If Under 24 Hours: Hours, Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Machinist (Ret)
10B. KIND OF BUSINESS OR INDUSTRY: Machine Shop (M)
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: John Fanning
14. MOTHER'S MAIDEN NAME: Ellen Cheney
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 215-18-9775
17. INFORMANT: Baltimore City Hospitals Records — ADDRESS: 4940 Eastern Avenue

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) 584X

(A) Acute Posterior Myocardial Infarct — INTERVAL BETWEEN ONSET AND DEATH: 2 Days

DUE TO

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Post Operative Cholecystectomy — 2 Weeks

DUE TO

(C)

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 12-8-50
19B. MAJOR FINDINGS OF OPERATION: Cholesystitis with cholelithiasis
20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12-3, 1950 *to* 12-18, 1950 *that I last saw the deceased alive on* 12-18, 1950 *and that death occurred at* 6:55 a.m., *from the causes and on the date stated above.*

23A. SIGNATURE: J. S. Cogen M. D.
23B. ADDRESS: 4940 Eastern Avenue
23C. DATE SIGNED: 12-18-50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12/21/50
24C. NAME OF CEMETERY OR CREMATORY: Baltimore
24D. LOCATION (City, town, or county) (State): Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR: DEC 19 1950
REGISTRAR'S SIGNATURE:
25. FUNERAL DIRECTOR: E. J. Fanning & Son
ADDRESS: 1938 E. Lafayette Ave

Transcriptionist Williams, M.D.

54434

126

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M-463
50-10830

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 50-10830

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Alex. Clement Millard.

2. DATE OF DEATH: 12-18-50

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 428-N. Gilmore St.
c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY: City.
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 19-01
D. STREET ADDRESS (If rural, give location): 428-N. Gilmore St.

5. SEX: M.
6. COLOR OR RACE: Col.
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widower
8. DATE OF BIRTH: ?-?-1873
9. AGE (In years last birthday): 77
If Under 1 Year: Months / Days
If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): minister
10B. KIND OF BUSINESS OR INDUSTRY: Church
11. BIRTHPLACE (State or foreign country): British W. Indies
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: unknown
14. MOTHER'S MAIDEN NAME: unknown.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): no
(If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: none
17. INFORMANT: Fannie Shaw
ADDRESS: 428 N. Gilmore St.

MEDICAL CERTIFICATION

18. 4221

CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Arteriosclerotic Cardio-vascular Disease

DUE TO

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Senility

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct 15, 1950, *to* Dec 18, 1950, *that I last saw the deceased alive on* Dec 18, 1950, *and that death occurred at* 7:45 *m., from the causes and on the date stated above.*

23A. SIGNATURE: Ralph W. Nelling, M. D.
23B. ADDRESS: 4611 Johns W
23C. DATE SIGNED: 12/19/50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12-21-50
24C. NAME OF CEMETERY OR CREMATORY: Aphutus.
24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR: DEC 19 1950
REGISTRAR'S SIGNATURE: [illegible]
25. FUNERAL DIRECTOR: W. Halstead
ADDRESS: 918 - Druid Hill Ave. 93

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

12-145

50-10831

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50-10831

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Walter Koppelman

2. DATE OF DEATH: Dec-18-1950.

3. PLACE OF DEATH:
A. Baltimore City, Maryland Calvert-Saratoga Sts.
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mercy Hospital
C. Length of stay in Baltimore: Life Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: Baltimore City
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore City 27-11
D. STREET ADDRESS (If rural, give location): 102 Millbrook Road

37

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Mar-25-1875
9. AGE (In years last birthday): 75 — If Under 1 Year: Months: Days — If Under 24 Hours: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Banking
10B. KIND OF BUSINESS OR INDUSTRY: Invest. Banking
11. BIRTHPLACE (State or foreign country): Baltimore, Maryland
12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME: John G. Koppelman
14. MOTHER'S MAIDEN NAME: Elizabeth S. Fritz
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Mr. John VanC. Koppelman (son) ADDRESS: 7 South St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Arteriosclerotic heart disease, c coronary insufficiency — INTERVAL BETWEEN ONSET AND DEATH: 6 yrs

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Arteriosclerosis, generalized — ?

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 17, 1942, *to* Sept 26, 1950, *that I last saw the deceased alive on* Dec. 3, 1950. *and that death occurred at* 10 A. *m., from the causes and on the date stated above.*

23A. SIGNATURE: Harry F. Klinefelter M. D.
23B. ADDRESS: 1101 St. Paul St.
23C. DATE SIGNED: 12/19/50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: Dec-20-1950.
24C. NAME OF CEMETERY OR CREMATORY: Druid Ridge Cemetery
24D. LOCATION (City, town, or county) (State): Pikesville, Maryland

DATE RECEIVED BY LOCAL REGISTRAR: DEC 19 1950
REGISTRAR'S SIGNATURE: Walter Williams, M.D.
25. FUNERAL DIRECTOR: Stewart & Mowen Company, ADDRESS: 108 W. North Avenue

Klinefelter

City #1. 93D

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given if possible. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

50-10832

BIRTH NO. 49-20067

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 50-10832

1. NAME OF DECEASED (Type or Print): WILLIARD LEE III

2. DATE OF DEATH: Dec. 18, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 7103 Harford Rd. (Doctor's Office)
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 27-44
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 5702 Winthrop Ave.

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): BABY
8. DATE OF BIRTH: SEPT 21-1949
9. AGE (In years last birthday): 1
If Under 1 Year: Months 2- Days
If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10B. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): BALTO- MD
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: WILLARD Lee JR
14. MOTHER'S MAIDEN NAME: Kathleen - PAINTER -

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Willard M. Lee Jr
ADDRESS: 5702 Winthrop Ave

MEDICAL CERTIFICATION

CAUSE OF DEATH

18. 057.0

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Meningococcus meningitis
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B)
DUE TO
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☒ NO ☐

21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) m. OF INJURY
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* Autopsy (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☒, *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

23A. SIGNATURE: William V. Lowth M.D.
23B. CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
MEDICAL INVESTIGATOR ☐
23C. DATE SIGNED: Dec. 19, 1950

24A. BURIAL, CREMATION, REMOVAL (Specify): BURIAL -
24B. DATE: 12/20/50
24C. NAME OF CEMETERY OR CREMATORY: Union Chapel
24D. LOCATION (City, town, or county) (State): Harford Co. Md

DATE RECEIVED BY LOCAL REGISTRAR: DEC 19 1950
REGISTRAR'S SIGNATURE: Washington Williams M.D.
25. FUNERAL DIRECTOR: J. J. Kuck
ADDRESS: 6 5305 Harford Rd

VS 151

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be c[illegible] supplied. The correct age is especially important. Physicians: please write the causes of death clearly and le[illegible].

14-510

CERTIFICATE CORRECTED 12-28-50

50-10833

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50-10833

Registered No.

BIRTH NO. 7. R.

1. NAME OF DECEASED (Type or Print): PHILLIP KNOPP

2. DATE OF DEATH: 12-18-50

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): UNIVERSITY
C. Length of stay in Baltimore: 1 ~~Yrs.~~ ~~Mos.~~ Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: PA.
B. COUNTY: V-25
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): DELTA.
D. STREET ADDRESS (If rural, give location):

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): S
8. DATE OF BIRTH: Aug. 12, 1950
9. AGE (In years last birthday): If Under 1 Year: Months 4, Days; If Under 24 Hours: Hours, Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country):
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Clarence A. Knopp
14. MOTHER'S MAIDEN NAME: Alma Self
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown):
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Clarence A. Knopp
ADDRESS: Delta, Pa.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cardiac failure

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Congenital heart disease

DUE TO

(C) Pneumonitis

INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: x
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12-18, 1950, *to* 12-18, 1950, *that I last saw the deceased alive on* 12-18, 1950, *and that death occurred at* 6 00 P. m., *from the causes and on the date stated above.*

23A. SIGNATURE: D. Hredil M. D.
23B. ADDRESS: University Hosp.
23C. DATE SIGNED: 12-18-50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: Dec 21
24C. NAME OF CEMETERY OR CREMATORY: Glatzville
24D. LOCATION (City, town, or county) (State): Delta York Co. Pa

DATE RECEIVED BY LOCAL REGISTRAR: DEC 18 1950
REGISTRAR'S SIGNATURE: [illegible]
25. FUNERAL DIRECTOR: Hubert R. Martin
ADDRESS: Delta Pa

VS 150

157E

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M-242

50-10834

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 50-10834

BIRTH NO.

1. NAME OF DECEASED (Type or Print): CHARLES MACALUSO

2. DATE OF DEATH: December 17, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Lutheran Hospital
C. Length of stay in Baltimore (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 15-12
D. STREET ADDRESS (If rural, give location): 3404 Park Heights Avenue

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: March 19 1895
9. AGE (In years last birthday): 55 — If Under 1 Year: Months 16, Days, Hours, Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Self Employed
10B. KIND OF BUSINESS OR INDUSTRY: Store Keeper
11. BIRTHPLACE (State or foreign country): Italy
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Gaetano Macaluso (Grocery (R))
14. MOTHER'S MAIDEN NAME: Mariassunta Manganaro
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Joseph Macaluso — ADDRESS: 4609 Pennington Ave

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) E812.4

(A) Fracture of skull

DUE TO

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C)

INTERVAL BETWEEN ONSET AND DEATH

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS UNDERLYING ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.): Street
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): Park Heights Ave., 200' north of Park Circle
21D. TIME OF INJURY (Month) (Day) (Year) (Hour): Dec. 17, 1950 12:10 A. m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21F. HOW DID INJURY OCCUR? Pedestrian struck by an automobile

22. *I certify that I took charge of the remains described above, held an* Inspection & Inquiry (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☐, *accident* ☒, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

23A. SIGNATURE: Stanley H. Durlacher M.D.
23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR ☐
23C. DATE SIGNED: Dec. 18, 1950

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: Dec. 20 1950
24C. NAME OF CEMETERY OR CREMATORY: Holy Redeemer Cemetery
24D. LOCATION (City, town, or county) (State): 4430 Belair Rd. Balt.Md.

DATE RECEIVED BY LOCAL REGISTRAR: DEC 19 1950
REGISTRAR'S SIGNATURE
25. FUNERAL DIRECTOR: Frank Wellakoll
ADDRESS: 322 S. High St.

VS 151

N-803.2 2906A 170c

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F. 600

50-10835

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X 50-10835

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): MABLE CHRISTINE FREE

2. DATE OF DEATH: Dec. 19, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): US Marine Hospital, Wyman Pk. Drive & 31st St.
C. Length of stay in Baltimore: 42 days (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Pa.
B. COUNTY: V-25
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Belle Vernon
D. STREET ADDRESS (If rural, give location): 202- 4th Street

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: 9/26/03
9. AGE (In years last birthday): 47 — If Under 1 Year: Months / Days — If Under 24 Hours: Hours / Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laundress
10B. KIND OF BUSINESS OR INDUSTRY: Seafarer
11. BIRTHPLACE (State or foreign country): Pa.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: John Free
14. MOTHER'S MAIDEN NAME: Louise Warmers
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): ? (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 174-12-9448
17. INFORMANT: Records- US Marine Hospital, Balto, Md. (ADDRESS)

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

570.5

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Postoperative state following operation for intestinal obstruction due to Regional enteritis — INTERVAL BETWEEN ONSET AND DEATH: 19 hrs.

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO — More than 3 yrs.

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 12/18/50
19B. MAJOR FINDINGS OF OPERATION: Obstruction
20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov. 7, 1950, *to* Dec. 19, 1950, *that I last saw the deceased alive on* Dec. 19, 1950, *and that death occurred at* 2:50 A m., *from the causes and on the date stated above.*

23A. SIGNATURE: John L. Wilson, Medical Director, M. D.
23B. ADDRESS: US Marine Hospital, Balto, Md.
23C. DATE SIGNED: 12/19/50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12/22/50
24C. NAME OF CEMETERY OR CREMATORY: Southside Cem.
24D. LOCATION (City, town, or county) (State): Pittsburg Pa

DATE RECEIVED BY LOCAL REGISTRAR: DEC 19 1950
REGISTRAR'S SIGNATURE: [illegible]
25. FUNERAL DIRECTOR: [illegible]
ADDRESS: [illegible]

VS 150

643 55

122 B

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RGB

F-630

50-10836

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 50-10836

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Carrie Ford

2. DATE OF DEATH: Dec 17, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2041 Harlem ave
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Balto 16-04
D. STREET ADDRESS (If rural, give location): 2041 Harlem ave

5. SEX: F
6. COLOR OR RACE: C
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): M
8. DATE OF BIRTH: Dec 18 1898
9. AGE (In years last birthday): 52
If Under 1 Year: Months: Days
If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Md
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: James Jackson
14. MOTHER'S MAIDEN NAME: Henrietta Mans

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Ernest Ford
ADDRESS: 2041 Harlem ave

MEDICAL CERTIFICATION

18. 490X

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) Lobar Pneumonia

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/6 1950 to 12/17, 1950 that I last saw the deceased alive on 12/17, 1950 and that death occurred at 6 35 P m., from the causes and on the date stated above.

23A. SIGNATURE: [illegible] M. D.
23B. ADDRESS: 2139 [illegible]
23C. DATE SIGNED: 12/19/50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: Dec 21, 1950
24C. NAME OF CEMETERY OR CREMATORY: arbutus
24D. LOCATION (City, town, or county) (State): md

DATE RECEIVED BY LOCAL REGISTRAR: DEC 19 1950
REGISTRAR'S SIGNATURE: [illegible]
25. FUNERAL DIRECTOR: Geo S. Nelson
ADDRESS: 1303 Presstman st

VS 150

108

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

C-400

50-10837

50-10837

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): James E. Cole

2. DATE OF DEATH: Dec 17, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1518 Shields Pl.
C. Length of stay in Baltimore: Life (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A. STATE: Md
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Balto 14-02
D. STREET ADDRESS (If rural, give location): 1518 Shields Pl.

5. SEX: M
6. COLOR OR RACE: C
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): W
8. DATE OF BIRTH: Dec 19, 1873
9. AGE (In years last birthday): 76
If Under 1 Year: Months: Days
If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Porter
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME:
14. MOTHER'S MAIDEN NAME:

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Mrs James Cole — ADDRESS: 1926 W. Fayette St

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Myocardial Degeneration — INTERVAL BETWEEN ONSET AND DEATH: 1 mo

DUE TO

ANTECEDENT CAUSES

(B) Chronic Nephritis — 2 mos

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C) Chronic Passive congestion — 1 mo

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) m. OF INJURY:
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 10-15, 1950, *to* 12-17, 1950, *that I last saw the deceased alive on* 12-15, 1950, *and that death occurred at* 8:00 *m., from the causes and on the date stated above.*

23A. SIGNATURE: Franklin Phillips M. D.
23B. ADDRESS: 1543 Penna. Ave.
23C. DATE SIGNED: 12/19/50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: Dec 21, 1950
24C. NAME OF CEMETERY OR CREMATORY: Mt Auburn
24D. LOCATION (City, town, or county) (State): Md

DATE RECEIVED BY LOCAL REGISTRAR:
REGISTRAR'S SIGNATURE:
25. FUNERAL DIRECTOR: Geo S. Kelson — ADDRESS: 1305 Presstman St

DEC 18 1950

VS 150

131a

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be c[illegible] supplied. The correct age is especially important. Physicians: please write the causes of death clearly and le[illegible]

K-500 50-10838

Koon

50-10838

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Koon, Job

2. DATE OF DEATH: 12/14/50

3. PLACE OF DEATH: A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Univ. Hospital

C. Length of stay in Baltimore: 9 Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: Balto B
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 17-01
D. STREET ADDRESS (If rural, give location): 504 W. Biddle St.

5. SEX: M
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): M
8. DATE OF BIRTH: 1894
9. AGE (In years last birthday): 56 | If Under 1 Year: Months Days | If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10B. KIND OF BUSINESS OR INDUSTRY: general
11. BIRTHPLACE (State or foreign country): S. C.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Warren Koon
14. MOTHER'S MAIDEN NAME: Fannie ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): no
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: ?
17. INFORMANT: Lince Koon ADDRESS: 738 Penna Ave

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Acute Pulmonary Edema — INTERVAL BETWEEN ONSET AND DEATH: 2-3 hours
DUE TO

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B) Hypertensive Cardio-Vascular Dis — ?
DUE TO
(C) Hydro-thorax - Right

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Anasarca

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12/14 *,* 1950 *to* 12/14 *,* 1950 *that I last saw the deceased alive on* 12/14 *,* 1950 *and that death occurred at* 8:30 *p.m., from the causes and on the date stated above.*

23A. SIGNATURE: Charles T. Henderson M. D.
23B. ADDRESS: University Hosp
23C. DATE SIGNED: 12/14/50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12/15/50
24C. NAME OF CEMETERY OR CREMATORY: Balto. Nat
24D. LOCATION (City, town, or county) (State): Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR
REGISTRAR'S SIGNATURE
25. FUNERAL DIRECTOR: Geo. W. Kelson ADDRESS: 1303 Pressman

VS 150

DEC 19 1950

97099

931

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

U-7615

50-10839

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50-10839

Registered No.

1. NAME OF DECEASED (Type or Print): STANISLAUS URBANIAK

2. DATE OF DEATH: December 18, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland 3400 Dillon St.
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): DO
C. Length of stay in Baltimore: About 53 Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 26-09
D. STREET ADDRESS (If rural, give location): 3400 Dillon St.

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: April 15, 1873
9. AGE (In years last birthday): 77
If Under 1 Year: Months: Days
If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10B. KIND OF BUSINESS OR INDUSTRY: Foundry Worker
11. BIRTHPLACE (State or foreign country): Poland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Jacob Urbaniak
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): NO
(If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: NO
17. INFORMANT: John Urbaniak
ADDRESS: 3400 Dillon St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) 502.1

(A) Chronic bilateral bronchitis — INTERVAL BETWEEN ONSET AND DEATH: ?

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Myocardial insufficiency — 3 weeks

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Arteriosclerosis — ?

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* November 21, 1950 *to* December 17, 1950, *that I last saw the deceased alive on* Dec. 17, 1950, *and that death occurred at* 5:30 A.M., *from the causes and on the date stated above.*

23A. SIGNATURE: R. B. Bronushas, M. D. M. D.
23B. ADDRESS: 3037 O'Donnell St
23C. DATE SIGNED: DEC 19 1950

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: Dec. 20, 1950
24C. NAME OF CEMETERY OR CREMATORY: Sacred Heart of Mary Cem.
24D. LOCATION (City, town, or county) (State): 7501 German Hill Rd. Balto. Co. Md

DATE RECEIVED BY LOCAL REGISTRAR: DEC 19 1950
REGISTRAR'S SIGNATURE: [illegible]
25. FUNERAL DIRECTOR: Charles S. Gilet
ADDRESS: 901 S. Conkling St.

VS 150

106B

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be c[illegible] supplied. The correct age is especially important. Physicians: please write the causes of death clearly and le[illegible]

M-620

50-10840

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50-10840

Registered No.

1. NAME OF DECEASED (Type or Print): Mrs. Catherine Margaret Meyers

2. DATE OF DEATH: December 17, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2405 N. Ellamont Street
C. Length of stay in Baltimore: Life (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 15-37
D. STREET ADDRESS (If rural, give location): 2405 N. Ellamont Street

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Oct. 22, 1878
9. AGE (In years last birthday): 72 — If Under 1 Year: Months, Days — If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: George King
14. MOTHER'S MAIDEN NAME: Catherine Ann McManus

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: ---
17. INFORMANT: J. Herman Meyers — ADDRESS: 2405 N. Ellamont St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Carcinoma of Liver — INTERVAL BETWEEN ONSET AND DEATH: 9 mo.

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: April 1950
19B. MAJOR FINDINGS OF OPERATION: Carcinoma of Liver
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct. 1, 1950 *to* Dec. 17, 1950, *that I last saw the deceased alive on* Dec. 17, 1950 *and that death occurred at* 1 P. m., *from the causes and on the date stated above.*

23A. SIGNATURE: Lloyd E. Taylor M. D.
23B. ADDRESS: 3902 Greenmount Ave.
23C. DATE SIGNED: Dec. 18, 1950

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: Dec. 20, 1950
24C. NAME OF CEMETERY OR CREMATORY: New Cathedral
24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE RECEIVED BY LOCAL REGISTRAR: DEC 19 1950
REGISTRAR'S SIGNATURE: [illegible]
25. FUNERAL DIRECTOR: Burgee Funeral Home — ADDRESS: 3631 Falls Road
Horace F. Burgee

VS 160

46F

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be correct and legible. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

Dr. Lloyd E. Taylor
3902 Drummond Ave.
Ho. 0708

E-653- 50-10841

50-10841

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

BIRTH NO. 50-27118

1. NAME OF DECEASED (Type or Print): MARIE JOAN GREENWOOD

2. DATE OF DEATH: December 13 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Hospital for Women of Maryland
C. Length of stay in Baltimore: Yrs. Mos. Days ✓

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 13-04
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore-17-
D. STREET ADDRESS (If rural, give location): 1626 Gwynns Falls Parkway

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): ✓
8. DATE OF BIRTH: December 11 1950
9. AGE (In years last birthday): ✓ — If Under 1 Year: Months ✓, Days 2; If Under 24 Hours: Hours 12, Min. —

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ✓
10B. KIND OF BUSINESS OR INDUSTRY: ✓
11. BIRTHPLACE (State or foreign country): Baltimore-Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Francis Charles Greenwood
14. MOTHER'S MAIDEN NAME: Patsy Lee Dull-

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): ✓
(If yes, give war or dates of service): ✓
16. SOCIAL SECURITY NO.: ✓
17. INFORMANT: Mother — ADDRESS: 1626 Gwynns Falls Parkway

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

774X

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Severe pulmonary congestion. — INTERVAL BETWEEN ONSET AND DEATH: 48 hours

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B) prematurity

DUE TO

(C) Deferred.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. —

19A. DATE OF OPERATION: ✓
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ✓ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.: —
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12-11, 1950, *to* 12-13, 1950; *that I last saw the deceased alive on* 12-13, 1950, *and that death occurred at* 6:30 *m., from the causes and on the date stated above.*

23A. SIGNATURE: Louis D. Rocca, M. O.
23B. ADDRESS: Women's Hospital
23C. DATE SIGNED: 12-14-50

24A. BURIAL, CREMATION, REMOVAL (Specify)
24B. DATE
24C. NAME OF CEMETERY OR CREMATORY: UNIVERSITY MEDICAL SCHOOL
24D. LOCATION (City, town, or county) (State): DEC 15 1950

DATE RECEIVED BY LOCAL REGISTRAR: DEC 20 1950
REGISTRAR'S SIGNATURE: Lucille Williams, M.D.
25. FUNERAL DIRECTOR: Commissioner of Health
ADDRESS

VS 150

159

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

S-534 50-10842

50-10842

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): CELIA SANDLER.

2. DATE OF DEATH: 12-19-50

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sinai Hosp.
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY: 27-18
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 4803 Reisterstown Rd

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Divorced
8. DATE OF BIRTH:
9. AGE (In years last birthday): 49 — If Under 1 Year: Months: Days — If Under 24 Hours: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Baltimore Md
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Abram Goldberg
14. MOTHER'S MAIDEN NAME: Lena
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Alvin Sandler — ADDRESS: Same

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Congestive Heart failure — INTERVAL BETWEEN ONSET AND DEATH:

DUE TO

(B) Cor pulmonale

DUE TO

(C) Chronic pul. disease

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12-14, 1950, *to* 12-19, 1950, *that I last saw the deceased alive on* 12-19, 1950, *and that death occurred at* 6 A *m., from the causes and on the date stated above.*

23A. SIGNATURE: Henry C Stofner M. D.
23B. ADDRESS: Sinai Hosp
23C. DATE SIGNED: 12-19-50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12-20-50
24C. NAME OF CEMETERY OR CREMATORY: Herring Run
24D. LOCATION (City, town, or county) (State): Balto Md

DATE RECEIVED BY LOCAL REGISTRAR: DEC 20 1950
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Jack Lewis Inc.
ADDRESS: 2100 Eutaw Pl

VS 150

93E

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

S-530

50-10843

X

50-10843

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

BIRTH NO. 50-26341 (6260852)

1. NAME OF DECEASED (Type or Print): Baby Smith ~~(Marie)~~

2. DATE OF DEATH: December 3, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): The Johns Hopkins Hospital
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: Baltimore
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Dundalk 5300
D. STREET ADDRESS (If rural, give location): 2807 W. Woodwell Road

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): single
8. DATE OF BIRTH: December 3, 1950
9. AGE (In years last birthday): If Under 1 Year: Months / Days; If Under 24 Hours: Hours 1 / Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant
10B. KIND OF BUSINESS OR INDUSTRY: -
11. BIRTHPLACE (State or foreign country): Baltimore, Maryland
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Carroll Smith
14. MOTHER'S MAIDEN NAME: Marie Vallenta
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Hospital Records — ADDRESS

MEDICAL CERTIFICATION

18. 761.5

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Multiple pulmonary hemorrhages — Since birth
DUE TO
(B) anoxia — "
DUE TO
(C) Premature placental separation — "

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.
Prematurity

19A. DATE OF OPERATION: ✓
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* December 3, 1950 *to* December 3, 1950, *that I last saw the deceased alive on* Dec. 3, 1950, *and that death occurred at* 3:15 A.M., *from the causes and on the date stated above.*

23A. SIGNATURE: [illegible] M. D.
23B. ADDRESS: 601 N. Broadway
23C. DATE SIGNED: 12-6-50

24A. BURIAL, CREMATION, REMOVAL (Specify)
24B. DATE
24C. NAME OF CEMETERY OR CREMATORY: Hospital Disposal
24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR: DEC 20 1950
REGISTRAR'S SIGNATURE: [illegible] for Williams, M.D.
25. FUNERAL DIRECTOR
ADDRESS

VS 150

160 c

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be c[illegible] supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

B-600

50-10844

50-(370831)

BIRTH NO. 26 232

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50-10844

1. NAME OF DECEASED (Type or Print): Baby Berry ~~(Flora)~~

2. DATE OF DEATH: November 29, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): The Johns Hopkins Hospital
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: Baltimore
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Reisterstown 5200
D. STREET ADDRESS (If rural, give location): Box 18B Route No. 1

5. SEX: Female
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: November 29, 1950
9. AGE (In years last birthday): If Under 1 Year: Months / Days; If Under 24 Hours: Hours 7 / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant
10B. KIND OF BUSINESS OR INDUSTRY: -
11. BIRTHPLACE (State or foreign country): Baltimore, Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Charles Madden
14. MOTHER'S MAIDEN NAME: Flora Berry

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Hospital Records — ADDRESS

MEDICAL CERTIFICATION

18. 760.0

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral hemorrhage — Began at birth

DUE TO

(B) Midforceps delivery — at delivery

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Maternal diabetes

19A. DATE OF OPERATION: 2
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* November 29, 1950, *to* Nov. 29, 1950, *that I last saw the deceased alive on* Nov. 29, 1950, *and that death occurred at* 12:55 *P. from the causes and on the date stated above.*

23A. SIGNATURE: [signature] M. D.
23B. ADDRESS: 601 N. Broadway
23C. DATE SIGNED: 12-3-50

24A. BURIAL, CREMATION, REMOVAL (Specify)
24B. DATE
24C. NAME OF CEMETERY OR CREMATORY: Hospital Disposal
24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR: DEC 20 1950
REGISTRAR'S SIGNATURE: [signature] for Williams, M.E.
25. FUNERAL DIRECTOR
ADDRESS

VS 150

160a

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

R-236 50-10845

50-10845

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Ethel Lee Rictor

2. DATE OF DEATH: 12/19/50

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Agnes Hospital
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY: Baltimore
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rockdale
D. STREET ADDRESS (If rural, give location): 3633 Milford Mill Rd. 5200

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: April 5, 1906
9. AGE (In years last birthday): 44
If Under 1 Year: Months Days
If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: at Home
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Harvey Phillips
14. MOTHER'S MAIDEN NAME: Blanche Arrington

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): no
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Mr. Norman J. Rictor
ADDRESS: 3633 Milford Mill Rd Balto 7

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

410 X

(A) Coronary Insufficiency; Mitral Stenosis & resultant — INTERVAL BETWEEN ONSET AND DEATH: 12-15-50

DUE TO

(B) Acute Congestive Heart — 12-19-50

DUE TO

(C) Failure

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12-15, 1950, *to* 12-19, 1950 *that I last saw the deceased alive on* 12-19, 1950 *and that death occurred at* 6 35 *a.m., from the causes and on the date stated above.*

23A. SIGNATURE: D. N. Osmonski M. D.
23B. ADDRESS: St. Agnes Hosp.
23C. DATE SIGNED: 12-19-50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12/21/50
24C. NAME OF CEMETERY OR CREMATORY: Druid Ridge Cem.
24D. LOCATION (City, town, or county) (State): Pikesville, Md.

DATE RECEIVED BY LOCAL REGISTRAR: DEC 20 1950
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Wm. J. Tickner & Sons
ADDRESS: Balto Md.

VS 150

92 B

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

K-52-50-10846

50-10846

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): ADRIAN R. KING

2. DATE OF DEATH: DEC 19, 1950

3. PLACE OF DEATH: A. Baltimore City, Maryland — Mbg 1

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Johns Hopkins Hosp.

C. Length of stay in Baltimore (Yrs. Mos. Days): 33

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BALTIMORE 12-01
D. STREET ADDRESS (If rural, give location): 3700 N. CHARLES St. (Northway Apts)

5. SEX: MALE

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): MARRIED

8. DATE OF BIRTH: 1-23-76

9. AGE (In years last birthday): 74 — If Under 1 Year: Months: Days — If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Special Accts. Representative - Typewriter Co.

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): (W) Iowa.

12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Demarcus King

14. MOTHER'S MAIDEN NAME: Catherine Mitchell

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): no

(If yes, give war or dates of service): -

16. SOCIAL SECURITY NO.: 212-01-7775

17. INFORMANT: THE JOHNS HOPKINS HOSPITAL — ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Carcinoma of lung — INTERVAL BETWEEN ONSET AND DEATH: 2 mos

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Metastases to Liver and vertebrae

19A. DATE OF OPERATION: 12-11-50

19B. MAJOR FINDINGS OF OPERATION: Carcinoma of lung

20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 11-26-, 1950, *to* 12-19-, 1950, *that I last saw the deceased alive on* 12-19-, 1950. *and that death occurred at* 5:55 a.m., *from the causes and on the date stated above.*

23A. SIGNATURE: David C. Sabiston, M. D.

23B. ADDRESS: THE JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED: 12/19/50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial

24B. DATE: 12/21/50

24C. NAME OF CEMETERY OR CREMATORY: Druid Ridge Mausoleum

24D. LOCATION (City, town, or county) (State): Pikesville, Maryland

DATE RECEIVED BY LOCAL REGISTRAR: DEC 20 1950

REGISTRAR'S SIGNATURE: Huntington Williams, M.D.

25. FUNERAL DIRECTOR: Wm. J. Tickner & Sons — ADDRESS: Balto Md.

VS 150 David C. Sabiston

30065

47D

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

50-10847

BIRTH NO. 515

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50-10847

Registered No.

1. NAME OF DECEASED (Type or Print): ABRAHAM TANNEBAUM

2. DATE OF DEATH: December 19, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Lutheran Hospital
c. Length of stay in Baltimore: 40 Yrs. Mo. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 15-09
D. STREET ADDRESS (If rural, give location): 4021 Fairview Avenue

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH:
9. AGE (In years last birthday): 47
If Under 1 Year: Months Days
If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Tape Dyder
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Russia
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Simon
14. MOTHER'S MAIDEN NAME: Rose

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Rose Tannebaum
ADDRESS: Same

MEDICAL CERTIFICATION

18. E823.4

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Internal hemorrhage

DUE TO rupture of aorta

ANTECEDENT CAUSES

(B) due to crushing injury of chest

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21A. EXTERNAL CAUSE WAS UNDERLYING [X] OR CONTRIBUTING [ ] CAUSE OF DEATH.
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.): Street
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): 4300 Block of Liberty Heights Avenue
21D. TIME OF INJURY (Month) (Day) (Year) (Hour): Dec. 19, 1950 1:00 P.m.
21E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]
21F. HOW DID INJURY OCCUR? Auto into pole 28/41

22. *I certify that I took charge of the remains described above, held an* Autopsy (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* [ ], *accident* [X], *suicide* [ ], *homicide* [ ], *undetermined* [ ].

23A. SIGNATURE: Stanley K. Dunlacher M.D.
23B. CHIEF MEDICAL EXAMINER [ ] ASSISTANT MEDICAL EXAMINER [X] MEDICAL INVESTIGATOR [ ]
23C. DATE SIGNED: Dec. 20, 1950

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12-20-50
24C. NAME OF CEMETERY OR CREMATORY: Mishkin Israel
24D. LOCATION (City, town, or county) (State): Balto Md

DATE RECEIVED BY LOCAL REGISTRAR: DEC 20 1950
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Jack Lewis Inc
ADDRESS: 2100 Eutaw St

VS 151

N-862.2 6254 170c

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be c[illegible] supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legi[illegible]

S-532

50-10848

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 50-10848

BIRTH NO.

1. NAME OF DECEASED (Type or Print): MATTHEW G. ~~SCHWIENTECK~~ SCHWIENTECK, SR

2. DATE OF DEATH: December 18, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Joseph's Hospital
C. Length of stay in Baltimore: LIFE Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: Baltimore
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Overlea
D. STREET ADDRESS (If rural, give location): 105 W. Elm Avenue

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: JUNE 29 1909
9. AGE (In years last birthday): 41 — If Under 1 Year: Months Days — If Under 24 Hours: Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): SECRETARY, TREASURER & GENERAL MANAGER.
10B. KIND OF BUSINESS OR INDUSTRY: COLUMBIA SPECIALTY CO METAL Specialties(?)
11. BIRTHPLACE (State or foreign country): BALTIMORE, MD.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: JOSEPH. SCHWIENTECK
14. MOTHER'S MAIDEN NAME: MARGARET DIEM
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: 213-01-0962
17. INFORMANT: MARIE E. SCHWIENTECK ADDRESS: 106 W ELM AVE.

MEDICAL CERTIFICATION

18. E811.4

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

(A) Crushing injury of chest

~~DUE TO~~

ANTECEDENT CAUSES

(B) Multiple fractures and abrasions

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS UNDERLYING ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.): Street
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): Belair Road near Kensway 27-34
21D. TIME OF INJURY (Month) (Day) (Year) (Hour): Dec. 18, 1950 5:50 A. m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21F. HOW DID INJURY OCCUR? Was driver of auto which collided with streetcar

22. *I certify that I took charge of the remains described above, held an* Inspection & Inquiry (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☐, *accident* ☒, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

23A. SIGNATURE: Stanley B. Duncan M.D.
23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR ☐
23C. DATE SIGNED: Dec. 18, 1950

24A. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: DEC 21 1950
24C. NAME OF CEMETERY OR CREMATORY: HOLY REDEEMER CEM
24D. LOCATION (City, town, or county) (State): 4430 BELAIR RD MD.

DATE RECEIVED BY LOCAL REGISTRAR: DEC 20 1950
REGISTRAR'S SIGNATURE: Winston Williams, M.D.
25. FUNERAL DIRECTOR: Duffel Bro. ADDRESS: 7110 BELAIR ROAD

VS 151

N862.2 2903E 170B

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

C-620

50-10849

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 50-10849

BIRTH NO. 50-10076

1. NAME OF DECEASED (Type or Print): Reginald Chriscoe

2. DATE OF DEATH: 12-19-50

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): University
C. Length of stay in Baltimore: ~~Yrs.~~ 6 Mos. ~~Days~~

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Balto
D. STREET ADDRESS (If rural, give location): 2006 N. Payson St.

15-04

5. SEX: M
6. COLOR OR RACE: C
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): S
8. DATE OF BIRTH: May 21, 1950
9. AGE (In years last birthday): If Under 1 Year: Months 6 Days; If Under 24 Hours: Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life even if retired): Infant
10B. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Boyd Chriscoe
14. MOTHER'S MAIDEN NAME: Iula Brady
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Boyd Chriscoe ADDRESS: 2006 N. Payson St

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cardiac failure — INTERVAL BETWEEN ONSET AND DEATH

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Dehydration - acidosis

DUE TO

(C) Pneumonitis

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12-19, 1950, *to* 12-19, 1950, *that I last saw the deceased alive on* 12-19, 1950, *and that death occurred at* 11 A. m., *from the causes and on the date stated above.*

23A. SIGNATURE: J. Hedrick M. D.
23B. ADDRESS: University Hosp.
23C. DATE SIGNED: 12-19-50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12 | 21 | 50
24C. NAME OF CEMETERY OR CREMATORY: Greensboro, N.C.
24D. LOCATION (City, town, or county) (State): Greensboro, N.C.

DATE RECEIVED BY LOCAL REGISTRAR: DEC 20 1950
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Geo. H. Kelson
ADDRESS: 1303 Pressman

VS 150

108

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be [illegible] supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M 250
50-10850

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 50-10850

1. NAME OF DECEASED (Type or Print): JAMES McCAIN

2. DATE OF DEATH: Dec 16, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): UNION MEMORIAL
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A. STATE: Md
B. COUNTY: X
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Balto 15-01
D. STREET ADDRESS (If rural, give location): 1505 Mountmor St

5. SEX: M
6. COLOR OR RACE: C
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): M
8. DATE OF BIRTH: 5/20/17
9. AGE (In years last birthday): 33
If Under 1 Year: Months | Days
If Under 24 Hours: Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Chauffeur
10B. KIND OF BUSINESS OR INDUSTRY: Contractor
11. BIRTHPLACE (State or foreign country): N. C.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Albert McCain
14. MOTHER'S MAIDEN NAME: Alice Graves

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): nd
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 214-20-3914
17. INFORMANT: Eleanore McCain ADDRESS: 1505 Mtmor St

MEDICAL CERTIFICATION

CAUSE OF DEATH

18. E910.5 I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) CRUSHING INJURY OF
DUE TO CHEST, Multiple
(B) fractures of ribs.
DUE TO
(C)

INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21A. EXTERNAL CAUSE WAS UNDERLYING [X] OR CONTRIBUTING [ ] CAUSE OF DEATH.
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.): ditch
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): 3012 Strathmore Avenue
21D. TIME OF INJURY (Month) (Day) (Year) (Hour): Dec. 15, 1950 9.30 a.m.
21E. INJURY OCCURRED WHILE AT WORK [X] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR? Ditch caved in while he was in it

22. *I certify that I took charge of the remains described above, held an* Autopsy (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes [ ], accident [X], suicide [ ], homicide [ ], undetermined [ ].*

23A. SIGNATURE: R. S. Fisher M.D.
23B. CHIEF MEDICAL EXAMINER [X]
ASSISTANT MEDICAL EXAMINER [ ]
MEDICAL INVESTIGATOR [ ]
23C. DATE SIGNED: 12/16/50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12/21/50
24C. NAME OF CEMETERY OR CREMATORY: Arlington
24D. LOCATION (City, town, or county) (State): Md.

DATE RECEIVED BY LOCAL REGISTRAR: DEC 20 1950
REGISTRAR'S SIGNATURE: Huntington Williams M.D.
25. FUNERAL DIRECTOR: Geo. H. Kelson
ADDRESS: 1863 1303 Presselman St

VS 151 N-809 683 24

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be furnished if supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G-416
50-10851
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50-10851

1. NAME OF DECEASED (Type or Print): Mrs Veronica S. Glover
2. DATE OF DEATH: 12-18-50

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bon Secours Hospital
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Balto. — 15-10
D. STREET ADDRESS (If rural, give location): 3808 Ridgewood Ave.

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 1-11-01
9. AGE (In years last birthday): 49
If Under 1 Year: Months: Days
If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Balto. —
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Henry D Stein
14. MOTHER'S MAIDEN NAME: Josephine Taylor

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown):
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Allen B Glover
ADDRESS: 3808 Ridgewood Ave

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Myocardial infarction.

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12-18, 1950, *to* 12-18, 1950, *that I last saw the deceased alive on* 12-18, 1950 *and that death occurred at* 2 p.m., *from the causes and on the date stated above.*

23A. SIGNATURE: Via 33 M. D.
23B. ADDRESS: Bon Secours Hosp.
23C. DATE SIGNED: 12-18-50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: Dec 21/1950
24C. NAME OF CEMETERY OR CREMATORY: Druid Ridge
24D. LOCATION (City, town, or county) (State): Pikesville Md

DATE RECEIVED BY LOCAL REGISTRAR: DEC 20 1950
REGISTRAR'S SIGNATURE: Lester Williams, M.D.
25. FUNERAL DIRECTOR: Harry E Kirwood
ADDRESS: 4204 Ridgewood Ave

VS 150

94a

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

H-314
50-10852

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50-10852
Registered No.

1. NAME OF DECEASED (Type or Print): John A. Hatfield

2. DATE OF DEATH: 12-19-50

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 332 S. Stricker St
C. Length of stay in Baltimore: Yrs. 56 ~~Mos.~~ ~~Days~~

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits write RURAL and give township): Baltimore 19-03
D. STREET ADDRESS (If rural, give location): 332 S. Stricker St

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: 7-12-1865
9. AGE (In years last birthday): 85 | If Under 1 Year: Months: Days | If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter-Ret
10B. KIND OF BUSINESS OR INDUSTRY: B. & O. R.R.
11. BIRTHPLACE (State or foreign country): Carroll Co Md
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Ira Hatfield
14. MOTHER'S MAIDEN NAME: Barbara Porter

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Nancy J. Evans ADDRESS: 332 S. Stricker St

MEDICAL CERTIFICATION

18. 446X

CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Nephrosclerosis — INTERVAL BETWEEN ONSET AND DEATH: 3 mos
DUE TO

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B) auto accident — 2 days
DUE TO
(C) —

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. —

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12/14 *19*50, *to* 12/19 *, 19*50, *that I last saw the deceased alive on* 12/19, *19*50. *and that death occurred at* 8:30 P. *m., from the causes and on the date stated above.*

23A. SIGNATURE: Benjamin Klelka MD M. D.
23B. ADDRESS: 2150 Walker Ave
23C. DATE SIGNED: 12/20/50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12/22/50
24C. NAME OF CEMETERY OR CREMATORY: Morgan Chapel
24D. LOCATION (City, town, or county) (State): Woodbine Md

DATE RECEIVED BY LOCAL REGISTRAR: DEC 20 1950
REGISTRAR'S SIGNATURE: [illegible]
25. FUNERAL DIRECTOR: Robert B. McWaller Funeral Director

VS 150

131a

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M-341
50-10853

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50-10853
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): ANTHONY E. MATTELEVITZ JR.

2. DATE OF DEATH: 12-18-50

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1269 Wash Blvd.
C. Length of stay in Baltimore: 18 Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 1269 Wash Blvd.

21 DZ

5. SEX: M.
6. COLOR OR RACE: W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: Aug 27, 1932
9. AGE (In years last birthday): 18 | If Under 1 Year: Months: Days | If Under 24 Hours: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Student
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Balto.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Anthony J. Mattelevitz
14. MOTHER'S MAIDEN NAME: Julia Gibbs
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Julia Gibbs ADDRESS: 1269 Wash Blvd.

MEDICAL CERTIFICATION

18. 002 X

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Pulmonary-Tuberculosis — 1-yr.
DUE TO
ANTECEDENT CAUSES
(B) Chronic Myocarditis — Many years
DUE TO
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
Rheumatic
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov. 1, 1950, *to* 12-18, 1950, *that I last saw the deceased alive on* 12-14, 1950, *and that death occurred at* ____ *m., from the causes and on the date stated above.*

23A. SIGNATURE: Arthur C. Blake M.D.
23B. ADDRESS: Med. Arts Bldg
23C. DATE SIGNED: 12-19-50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12/21/50
24C. NAME OF CEMETERY OR CREMATORY: Holy Redeemer
24D. LOCATION (City, town or county) (State): Belair Rd Md.

DATE RECEIVED BY LOCAL REGISTRAR: DEC 20 1950
REGISTRAR'S SIGNATURE: [illegible]
25. FUNERAL DIRECTOR: Charles W. Schumacher
ADDRESS: 1038 W. Henry St.

VS 150

13 B

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M 1624
50-10854

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 50-10854

BIRTH NO.

1. NAME OF DECEASED (Type or Print): George A. Marshall

2. DATE OF DEATH: 12-18-50

3. PLACE OF DEATH: A. Baltimore City, Maryland — Balto.

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1824 Eastern Avenue

C. Length of stay in Baltimore: Life Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore, Md.
D. STREET ADDRESS (If rural, give location): 1824 Eastern Avenue

206

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: 8-8-79
9. AGE (In years last birthday): 71 — If Under 1 Year: Months Days — If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborrer
10B. KIND OF BUSINESS OR INDUSTRY: Helwig & Leetch Pickles and Relishes
11. BIRTHPLACE (State or foreign country): (W) Baltimore
12. CITIZEN OF WHAT COUNTRY? Usa

13. FATHER'S NAME: John Marshall
14. MOTHER'S MAIDEN NAME: Frances

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Margaret Marshall — ADDRESS: 1824 Eastern Avenue

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Coronary Thrombosis — Instant

DUE TO

(B) Chronic Myocarditis — 10 yrs.

DUE TO

(C)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

INTERVAL BETWEEN ONSET AND DEATH

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June 12, 1948, *to* Dec. 18, 1950, *that I last saw the deceased alive on* May 1, 1950, *and that death occurred at* 7:30 p. m., *from the causes and on the date stated above.*

23A. SIGNATURE: John V. Kozlowski M. D.
23B. ADDRESS: 1802 Eastern Ave
23C. DATE SIGNED: 12-19-50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12-21-50
24C. NAME OF CEMETERY OR CREMATORY: New Cathedral
24D. LOCATION (City, town, or county) (State): Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR: DEC 20 1950
REGISTRAR'S SIGNATURE: Austin for Williams, M.D.
25. FUNERAL DIRECTOR: Gelwicks
ADDRESS: 403 S. Wolfe Street

VS 150

97063

93D

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given if supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

T 425
50-10855

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50-10855
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Herbert HENDERSON TILLSON

2. DATE OF DEATH: 12/20/50

3. PLACE OF DEATH:
A. Baltimore City, Maryland ✓
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 3204 W. Belvedere Ave.
C. Length of stay in Baltimore: 40 YEARS (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BALTIMORE 27-18
D. STREET ADDRESS (If rural, give location): 3204 WEST BELVEDERE AVE.

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: 12/29/1881
9. AGE (In years last birthday): 68
If Under 1 Year: Months: Days
If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): BARBER
10B. KIND OF BUSINESS OR INDUSTRY: BARBER
11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: ~~HOWARD~~ Harry HENDERSON TILLSON
14. MOTHER'S MAIDEN NAME: ELIZABETH MOFFETT

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): NO
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 217-07-2320
17. INFORMANT: WIFE MINA VIRGINIA TILLSON
ADDRESS: 3204 WEST BELVEDERE AVE.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) CARCENOMA OF PANCREAS — INTERVAL BETWEEN ONSET AND DEATH: 4 YEARS

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C) DIABETES MELLITUS

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

157X and 260X

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* DEC. 1, 1950, *to* DEC. 19, 1950, *that I last saw the deceased alive on* DEC. 19, 1950, *and that death occurred at* 12:15 A m., *from the causes and on the date stated above.*

23A. SIGNATURE: Edwin E. Pierpont M. D.
23B. ADDRESS: 8027 LIBERTY Rd, BALTO. 7, Md.
23C. DATE SIGNED: 12/20/50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: Dec 22/50
24C. NAME OF CEMETERY OR CREMATORY: Zoar Baptist Church
24D. LOCATION (City, town, or county) (State): Dettelville, Va.

DATE RECEIVED BY LOCAL REGISTRAR: DEC 20 1950
REGISTRAR'S SIGNATURE: Lucille Williams, M.D.
25. FUNERAL DIRECTOR: Loring Byers
ADDRESS: 5005 Pk Heights Ave

VS 150

7408F

469

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

2 Transcripts.

CERTIFICATE CORRECTED 12-20-50 EYLER

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 50-10856

BIRTH NO. 50-10856

1. NAME OF DECEASED (Type or Print): Ada P. Eyler

2. DATE OF DEATH: Dec 19 50

3. PLACE OF DEATH: A. Baltimore City, Maryland — Monument St & Portland St

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sinai Hospital

C. Length of stay in Baltimore: Life (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY: Balto.
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 27-18
D. STREET ADDRESS (If rural, give location): 3405 Hayward Ave.

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: July 1, 1891
9. AGE (In years last birthday): 59 — If Under 1 Year: Months / Days; If Under 24 Hours: Hours / Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Baltimore
12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME: William H. Miller
14. MOTHER'S MAIDEN NAME: Mitalda G. Garrich
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): —
(If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: —
17. INFORMANT: Mr. William H. Eyler — ADDRESS: 3405 Hayward Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Myocardial Insufficiency

DUE TO

ANTECEDENT CAUSES

(B) Pulmonary Edema

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C) Arteriosclerotic Heart D.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec 15, 1950, *to* Dec 19, 1950, *that I last saw the deceased alive on* Dec 19, 1950, *and that death occurred at* 2:30 *m., from the causes and on the date stated above.*

23A. SIGNATURE: Frank Elwutt M. D.
23B. ADDRESS: Sinai H. Baltimore
23C. DATE SIGNED: Dec 19, 50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: Dec 22 50
24C. NAME OF CEMETERY OR CREMATORY: Woodlawn
24D. LOCATION (City, town, or county) (State): Baltimore, Md

DATE RECEIVED BY LOCAL REGISTRAR: DEC 20 1950
REGISTRAR'S SIGNATURE: [illegible] Williams, M.D.
25. FUNERAL DIRECTOR: Fornig Byers — ADDRESS: 5005 Pk. Heights

VS 150

937

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1891.

3 Transcripts

F 465
50-10857

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50-10857

1. NAME OF DECEASED (Type or Print): WILLIAM H. FLOURNOY

2. DATE OF DEATH: DEC 20, 1950

3. PLACE OF DEATH: A. Baltimore City, Maryland — OSL-2

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): THE JOHNS HOPKINS HOSPITAL

C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY: Baltimore
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): DUNDALK
D. STREET ADDRESS (If rural, give location): 119 SOLLERS Pt. Rd. 5300

5. SEX: MALE
6. COLOR OR RACE: COLORED
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: 3-13-90
9. AGE (In years last birthday): 60 — If Under 1 Year: Months Days — If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work doing during most of working life, even if retired): Steel worker
10B. KIND OF BUSINESS OR INDUSTRY: STEEL MILL
11. BIRTHPLACE (State or foreign country): Va
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Wm Flournoy
14. MOTHER'S MAIDEN NAME: Julia Stokes

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: THE JOHNS HOPKINS HOSPITAL — ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Disseminated TBc — INTERVAL BETWEEN ONSET AND DEATH: ?

DUE TO ? Carcinomatosis, primary site unknown

ANTECEDENT CAUSES

(B) (over)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Pneumoconiosis Pneumoconiosis

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 11-22-1950 *to* 12-20-1950, *that I last saw the deceased alive on* 12-20-1950, *and that death occurred at* 12 30 *am., from the causes and on the date stated above.*

23A. SIGNATURE: Thomas J. Walsh M. D.
23B. ADDRESS: THE JOHNS HOPKINS HOSPITAL
23C. DATE SIGNED: 12-20-50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12/23/50
24C. NAME OF CEMETERY OR CREMATORY: Mt. Calvary Cemetery
24D. LOCATION (City, town, or county) (State): A.A. Co., Md.

DATE RECEIVED BY LOCAL REGISTRAR: DEC 20 1950
REGISTRAR'S SIGNATURE: [illegible]
25. FUNERAL DIRECTOR: Charles L. Law — ADDRESS: 802 Mad. Ave.

VS 150

690 3A 47)

Was the [illegible] lung also [illegible]?

If possible, please state a more definite anatomical location of carcinomatosis?

Anatomical Diagnosis (in part)--See Document File 50-10857
"Frozen section: adenocarcinoma lung -- origin undetermined"
1/17/1951 ES

M 252
50-10858
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

X Registered No. 50-10858

1. NAME OF DECEASED (Type or Print): Edith May Mc Comas
2. DATE OF DEATH: 12-19-50

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Union Memorial Hospital
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: Baltimore
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ruxton
D. STREET ADDRESS (If rural, give location): Carrollton Ave. 5300

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 9-23-1872
9. AGE (In years last birthday): 78 | If Under 1 Year: Months, Days | If Under 24 Hours: Hours, Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: John B. Burnham
14. MOTHER'S MAIDEN NAME: Margaret V. Cockey
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): no
(If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Mrs. Frank Debaugh, Towson, Maryland — ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Carcinoma of sigmoid colon — Interval between onset and death: 1 year
DUE TO with complete obstruction

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B)
DUE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Generalized arteriosclerosis — 2 years

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec 18, 1950, *to* Dec 19, 1950, *that I last saw the deceased alive on* Dec 19, 1950, *and that death occurred at* 12:25 P. m., *from the causes and on the date stated above.*

23A. SIGNATURE: Alfred S. Nelson, M. D.
23B. ADDRESS: Union Memorial Hospital, Baltimore 18, Maryland
23C. DATE SIGNED: Dec 19, 1950

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: Dec. 22, 1950
24C. NAME OF CEMETERY OR CREMATORY: Prospect Hill Cemetery
24D. LOCATION (City, town, or county) (State): Towson, Maryland

DATE RECEIVED BY LOCAL REGISTRAR: DEC 20 1950
REGISTRAR'S SIGNATURE: Washington Williams, M.D.
25. FUNERAL DIRECTOR: John Burns & Sons, Towson, Maryland — ADDRESS

VS 150

46E

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M 520

50-10859

BIRTH NO. 49-21104

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50-10859

Registered No.

1. NAME OF DECEASED (Type or Print): Minnick, Mary E.

2. DATE OF DEATH: 12-20-50

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): University Hospital
C. Length of stay in Baltimore: Yrs. Mos. Days: Life

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 18 03
D. STREET ADDRESS (If rural, give location): 904 Lemmon St.

5. SEX: Female
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: 9/28/49
9. AGE (In years last birthday): 1
If Under 1 Year: Months: Days
If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10B. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Baltimore Md.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John M. Minnick
14. MOTHER'S MAIDEN NAME: Mary E. Britton ✓

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): —
(If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: —
17. INFORMANT: Mary E. Minnick ADDRESS: Lemmon St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Diarrhea, non specific — INTERVAL BETWEEN ONSET AND DEATH: 12/15-12/20
DUE TO a) Dehydration
b) Acidosis

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)
DUE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12-19, 1950, *to* 12-20, 1950, *that I last saw the deceased alive on* 12-20, 1950, *and that death occurred at* 5 A *m., from the causes and on the date stated above.*

23A. SIGNATURE: Raymond Bradshaw, Jr. M. D.
23B. ADDRESS: University Hosp. Balto. Md
23C. DATE SIGNED: 12-20-50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12/22/50
24C. NAME OF CEMETERY OR CREMATORY: Mt. Olivet Cem.
24D. LOCATION (City, town, or county) (State): 2930 Frederick Ave

DATE RECEIVED BY LOCAL REGISTRAR: DEC 20 1950
REGISTRAR'S SIGNATURE: [illegible]
25. FUNERAL DIRECTOR: John J. Cowanson
ADDRESS: Gollins St. 119a

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

B-300
50-10860

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50-10860
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): CHARLES E. BODE

2. DATE OF DEATH: 12/18/50

3. PLACE OF DEATH:
A. Baltimore City, Maryland: BALTO., MD.
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1428 TOWSON ST.
C. Length of stay in Baltimore: 55 YRS. (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institutional residence before admission)
A. STATE: MARYLAND
B. COUNTY: 74-01
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BALTIMORE, MARYLAND
D. STREET ADDRESS (If rural, give location): 1428 TOWSON ST.

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED
8. DATE OF BIRTH: 12/7/1863
9. AGE (In years last birthday): 87 — If Under 1 Year: Months / Days — If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): RIGLER
10B. KIND OF BUSINESS OR INDUSTRY: NONE
11. BIRTHPLACE (State or foreign country): GERMANY
12. CITIZEN OF WHAT COUNTRY? AMERICA

13. FATHER'S NAME: UNKNOWN
14. MOTHER'S MAIDEN NAME: UNKNOWN

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT: GEORGE VICKERS — ADDRESS: 1428 TOWSON ST.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Chronic Endocarditis — INTERVAL BETWEEN ONSET AND DEATH: 2 months
DUE TO
ANTECEDENT CAUSES
(B) uremia Selenia — 6 mos.
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
DUE TO
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov 1, 1950, *to* 12/18, 1950, *that I last saw the deceased alive on* 12/18, 1950 *and that death occurred at* 10:30 A.M., *from the causes and on the date stated above.*

23A. SIGNATURE: [illegible] M. D.
23B. ADDRESS: 1279 Williams St
23C. DATE SIGNED: 12/19/50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12/21/50
24C. NAME OF CEMETERY OR CREMATORY: Cedar Hill
24D. LOCATION (City, town, or county) (State): Balto., Md.

DATE RECEIVED BY LOCAL REGISTRAR: DEC 20 1950
REGISTRAR'S SIGNATURE: Washington Williams M.D.
25. FUNERAL DIRECTOR: Chas. F. Dill, 1501 E Fairmount — ADDRESS:

VS 150

92 D

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be complete. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

W-2 00 50-10861

50-10861

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): ARTHUR WASWO

2. DATE OF DEATH: 12-19-50

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Lutheran Hosp. of Md.
C. Length of stay in Baltimore — Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 1702 Ramblewood Rd.

27-38

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): M
8. DATE OF BIRTH: July 14-1898
9. AGE (In years last birthday): 52
If Under 1 Year: Months | Days
If Under 24 Hours: Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Salesman
10B. KIND OF BUSINESS OR INDUSTRY: Swift Co. MEAT PROVISIONS
11. BIRTHPLACE (State or foreign country): Missouri
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John Waswo
14. MOTHER'S MAIDEN NAME: Matilda Jensen

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Mrs Mildred Waswo — ADDRESS: same

MEDICAL CERTIFICATION

18. 330X

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Intracranial Hemorrhage

DUE TO

ANTECEDENT CAUSES

(B) Ruptured Aneurism Circle of Willis

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Intrathoracic rupture of esophagus

19A. DATE OF OPERATION: 2
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov. 30, 1950 *to* Dec. 19, 1950, *that I last saw the deceased alive on* Dec. 19, 1950, *and that death occurred at* 5 A *m., from the causes and on the date stated above.*

23A. SIGNATURE: M H Edwards M. D.
23B. ADDRESS: Lutheran Hosp. of Md.
23C. DATE SIGNED: 12/19/50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 1/m/50
24C. NAME OF CEMETERY OR CREMATORY: Memorial Park
24D. LOCATION (City, town, or county) (State): St. Joseph Mo.

DATE RECEIVED BY LOCAL REGISTRAR: DEC 20 1950
REGISTRAR'S SIGNATURE: Mrs. Wm. H.
25. FUNERAL DIRECTOR: L. J. Ruck
ADDRESS: 5305 Harford Rd

VS 150

49040

30D

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 652
50-10862

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50-10862

BIRTH NO.

1. NAME OF DECEASED (Type or Print) MRS CORA J. FRANCIS

2. DATE OF DEATH Dec 19, 1950

3. PLACE OF DEATH: A. Baltimore City, Maryland Bald. Md

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Maryland Gen. Hosp

c. Length of stay in Baltimore 48 Yrs. Months Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore Belleville Ave
D. STREET ADDRESS (If rural, give location) 5314 Belleville Ave #7

5. SEX female
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widow
8. DATE OF BIRTH Feb 2, 1878
9. AGE (In years last birthday) 72
If Under 1 Year: Months Days
If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife
10B. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Penn.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME
14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 227-03-0906
17. INFORMANT Wm. E. Francis ADDRESS same

MEDICAL CERTIFICATION

18. 585 X

CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Chronic Alcoholic Cirrhosis — INTERVAL BETWEEN ONSET AND DEATH: 6 month

DUE TO

ANTECEDENT CAUSES

(B) Obstructive Jaundice — 1 week

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C) Cardiac Failure — 1 day

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec 19, 1950 *to* Dec 19, 1950 *that I last saw the deceased alive on* Dec 19, 1950 *and that death occurred at* 8 P. m., *from the causes and on the date stated above.*

23A. SIGNATURE Anthony C. Venna M. D.
23B. ADDRESS Maryland Gen Hosp.
23C. DATE SIGNED Dec 19, 1950

24A. ~~BURIAL, CREMATION~~ REMOVAL (Specify) Removal
24B. DATE 12-20-50
24C. NAME OF CEMETERY OR CREMATORY Marion
24D. LOCATION (City, town, or county) Marion (State) Va

DATE RECEIVED BY LOCAL REGISTRAR DEC 20 1950
REGISTRAR'S SIGNATURE Lucie Mae Williams, M.D.
25. FUNERAL DIRECTOR J. Cook Inc.
ADDRESS 1217 St. Paul St.

VS 150

127a

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

B-652
50-10863

50-10863

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Lenora. Burns.

2. DATE OF DEATH: 12/18/1950

3. PLACE OF DEATH: A. Baltimore City, Maryland Balto. Md.

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 500. S. Decker ave.

C. Length of stay in Baltimore: Life (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland.
B. COUNTY: 1-02
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 500. S Decker ave DECKER AVE

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widow
8. DATE OF BIRTH: 3/19/1877.
9. AGE (In years last birthday): 73. If Under 1 Year: Months / Days. If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life even if retired): House wife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland.
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: James. Seaton.
14. MOTHER'S MAIDEN NAME: Mumil. Hasak

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Lillian. Lockman. ADDRESS: 514 S East ave

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) 450.1

(A) Acute Pulmonary Embolus — INTERVAL BETWEEN ONSET AND DEATH: 12 hrs.

DUE TO

ANTECEDENT CAUSES

(B) Endarteritis Obliterans of left foot — Arteriosclerosis — Gangrene of left foot — 4 mos.

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Chr. Endocarditis — ?

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 1, 1950, to Dec. 18, 1950, that I last saw the deceased alive on Dec 17, 1950, and that death occurred at 9:30 a m., from the causes and on the date stated above.

23A. SIGNATURE: Oscar F. Tengbo, M. D.
23B. ADDRESS: 1000 S. Patt St.
23C. DATE SIGNED: 12/20/50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial.
24B. DATE: 12/21/1950
24C. NAME OF CEMETERY OR CREMATORY: Holy Redeemer
24D. LOCATION (City, town, or county) (State): Belair Road.

DATE RECEIVED BY LOCAL REGISTRAR: DEC 20 1950
REGISTRAR'S SIGNATURE: Washington Williams, M.D.
25. FUNERAL DIRECTOR: Wendell J. Hupfel. ADDRESS: 312 S. Highland ave 92

VS 150

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

K 545

50-10864
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50-10864

1. NAME OF DECEASED (Type or Print): EDWARD L. KOEHNLEIN
2. DATE OF DEATH: DECEMBER 17, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): SOUTH BALTO. GEN. HOSP.
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BALTIMORE 24-03
D. STREET ADDRESS (If rural, give location): 1114 RIVERSIDE AVE.

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): DIVORCED
8. DATE OF BIRTH: JANUARY 29, 1902
9. AGE (In years last birthday): 48 — If Under 1 Year: Months, Days; If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): UNEMPLOYED LABORER
10B. KIND OF BUSINESS OR INDUSTRY: ODD JOBS
11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: WILLIAM FREDERICK KOEHNLEIN
14. MOTHER'S MAIDEN NAME: SOPHIA REHLING

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 219-10-0938
17. INFORMANT: EDWARD L. KOEHNLEIN, JR. ADDRESS: 1114 RIVESIDE AVE

MEDICAL CERTIFICATION

18. 420.0

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Coronary thrombosis — 24 hours
DUE TO
(B) Arterio sclerotic heart disease — 2 yrs.
DUE TO
(C) —

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. —

19A. DATE OF OPERATION: none
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12/17/50 19__, *to* 12/17/50, 19__, *that I last saw the deceased alive on* 12/17/50 *and that death occurred at* 11 P. *m., from the causes and on the date stated above.*

23A. SIGNATURE: Harry Deiler M. D.
23B. ADDRESS: 1226 Hanover St.
23C. DATE SIGNED: 12/19/50

24A. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: 12/21/50
24C. NAME OF CEMETERY OR CREMATORY: WESTERN CEM
24D. LOCATION (City, town, or county) (State): BALTIMORE, MARYLAND

DATE RECEIVED BY LOCAL REGISTRAR: DEC 21 1950
REGISTRAR'S SIGNATURE: Christopher Williams
25. FUNERAL DIRECTOR: JOHN F. DENNY, INC. ADDRESS: 715 LIGHT ST.

VS 150

97099 93D

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Dr. Dubef

B#650
50-10865

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50-10865
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Carrie E. Bourne

2. DATE OF DEATH: Dec. 18, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1627 W. Lanvale St.
C. Length of stay in Baltimore (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland.
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
16-03
D. STREET ADDRESS (If rural, give location): 1627 W. Lanvale St.

5. SEX: Female
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: March 13, 1873
9. AGE (In years last birthday): 77
If Under 1 Year: Months Days
If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Domestic
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U. S. A

13. FATHER'S NAME: Thomas Murray
14. MOTHER'S MAIDEN NAME: Maria Johnson

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Mrs Lillie Myers
ADDRESS: 1627 W. Lanvale St.

MEDICAL CERTIFICATION

18. 517X

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Bronchopneumonia
DUE TO
(B) Acute Septicemia
DUE TO
(C) Ludwig's Angina — 3 days?

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.
Generalized Arteriosclerosis

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19__, to _____, 19__, that I last saw the deceased alive on _____, 19__, and that death occurred at _____ m., from the causes and on the date stated above.*

23A. SIGNATURE: Gilbert E. Barnes, M. D.
23B. ADDRESS: 722 W. Fulton Ave
23C. DATE SIGNED: 12/19/50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12-21-50
24C. NAME OF CEMETERY OR CREMATORY: Brook's Chapel
24D. LOCATION (City, town, or county) (State): Mutual, Calvert Co., Md.

DATE RECEIVED BY LOCAL REGISTRAR: DEC 21 1950
REGISTRAR'S SIGNATURE: Washington Williams, M.D.
25. FUNERAL DIRECTOR: Mortrance A. Hensley
ADDRESS: 578 W. Biddle St.

VS 150

115D

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

R-530

50-10866

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50-10866

Registered No.

1. NAME OF DECEASED (Type or Print): HENRY P. RUND SR.

2. DATE OF DEATH: 12/20/50

3. PLACE OF DEATH: A. Baltimore City, Maryland BALTO MD

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1202 Cleveland St.

C. Length of stay in Baltimore: LIFETIME Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE: MD B. COUNTY:

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BALTO

D. STREET ADDRESS (If rural, give location): 1202 CLEVELAND ST

5. SEX: M. 6. COLOR OR RACE: W. 7. WHETHER MARRIED, SINGLE, WIDOWED, DIVORCED (Specify): MARRIED

8. DATE OF BIRTH: DEC 12 1886 9. AGE (In years last birthday): 64 If Under 1 Year Months: 8 Days: 8 If Under 24 Hours Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, if retired): FIREMAN 10B. KIND OF BUSINESS OR INDUSTRY: BALTO CITY FIRE DEPT

11. BIRTHPLACE (State or foreign country): BALTO 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: HENRY RUND

14. MOTHER'S MAIDEN NAME: NOT KNOWN

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: MRS. M. RUND ADDRESS: 1202 CLEVELAND ST

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

331X

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral Hemorrhage — 8 days.

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Chronic Hypertension — 3 years.

DUE TO

(C) Generalized Arterio-sclerosis — 3 years.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: none. 19B. MAJOR FINDINGS OF OPERATION: none.

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec. 12, 1950, *to* Dec. 20, 1950, *that I last saw the deceased alive on* Dec. 20, 1950, *and that death occurred at* 4.17 P.m., *from the causes and on the date stated above.*

23A. SIGNATURE: Frank N. Ogden M. D.

23B. ADDRESS: 2701 N. Calvert St.

23C. DATE SIGNED: Dec. 20, 50

24A. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

24B. DATE: 12/23/50

24C. NAME OF CEMETERY OR CREMATORY: London Park Cemetery

24D. LOCATION (City, town, or county) (State): Fred Ave

DATE RECEIVED BY LOCAL REGISTRAR: DEC 21 1950

REGISTRAR'S SIGNATURE: Arlington Williams M.D.

25. FUNERAL DIRECTOR: Geo. H. Leimbach ADDRESS: 511 Lynchburg St.

VS 150

762 93

83a

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

P 320
50-10867 50-24775

BIRTH NO. REA-143508

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 50-10867

1. NAME OF DECEASED (Type or Print): Baby Girl Potts-Rebecca

2. DATE OF DEATH: 12-14-50

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Baltimore City Hospitals 4940 Eastern Avenue
C. Length of stay in Baltimore: Life (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 19-01
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 308 N. Carey Street

5. SEX: Female
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: Nov. 19, 1950
9. AGE (In years last birthday): If Under 1 Year: Months; Days: 25; If Under 24 Hours: Hours; Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10B. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Lewis Potts
14. MOTHER'S MAIDEN NAME: Rebecca Dockery – M/C Local
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Records: B. C. H. ADDRESS: 4940 Eastern Avenue

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

7544

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Congenital Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: 25 Days

Terminal Bronchopneumonia

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION ✓
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 11-19, 1950, *to* 12-14, 1950, *that I last saw the deceased alive on* 12-14, 1950 *and that death occurred at* 1:05 P.m., *from the causes and on the date stated above.*

23A. SIGNATURE: R. S. Bogen M. D.
23B. ADDRESS: 4940 Eastern Avenue
23C. DATE SIGNED: 12-16-50

24A. BURIAL, CREMATION, REMOVAL (Specify): Cremation
24B. DATE: 12-16-50
24C. NAME OF CEMETERY OR CREMATORY: B.C.H. Crematory
24D. LOCATION (City, town, or county) (State): 4940 EasternAvenue

DATE RECEIVED BY LOCAL REGISTRAR: DEC 21 1950
REGISTRAR'S SIGNATURE: Thomas Williams, M.D.
25. FUNERAL DIRECTOR
ADDRESS

VS 150

157E

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

H-300

50-10868

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50-10868

Registered No.

1. NAME OF DECEASED (Type or Print): Denwood Edward HEATH

2. DATE OF DEATH: 12/18/50

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): MERCY HOSPITAL
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MD.
B. COUNTY: Balto.
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore - 24 26 25
D. STREET ADDRESS (If rural, give location): 4914 O'Donnell St.

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 1/13/1896
9. AGE (In years last birthday): 54
If Under 1 Year: Months: Days
If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Helper on Brewery Truck
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Charles Heath
14. MOTHER'S MAIDEN NAME: Lutitia Bloodsworth

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): ~~Unknown~~ NO
(If yes, give war or dates of service): NO
16. SOCIAL SECURITY NO.:
17. INFORMANT: Wife
ADDRESS: 4914 O'Donnell St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Subdural Hematoma, rt. — INTERVAL BETWEEN ONSET AND DEATH:

DUE TO

(B) Intracerebral Hematoma

DUE TO

(C) Cranio-cerebral Trauma — 36 hrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

CERTIFICATION APPROVED BY: R H Fisher
CHIEF OF ASST. MEDICAL EXAMINER

19A. DATE OF OPERATION: 12/17/50
19B. MAJOR FINDINGS OF OPERATION: Subdural & Intracerebral Hematoma, rt.
20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify): Accident
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.): Home
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): 4914 O'Donnell St.
21D. TIME OF INJURY (Month) (Day) (Year) (Hour): 12-18-50-10:30 A.m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21F. HOW DID INJURY OCCUR? Fell on basement floor

22. *I hereby certify that I attended the deceased from* 12/17, 1950, *to* 12/18, 1950, *that I last saw the deceased alive on* 12/18, 1950, *and that death occurred at* 11:50 P. m., *from the causes and on the date stated above.*

23A. SIGNATURE: August Kiel Jr. M. D.
23B. ADDRESS: Mercy Hospital
23C. DATE SIGNED: 12/18/50

24A. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: 12-22-50
24C. NAME OF CEMETERY OR CREMATORY: SACRED HEART CEM.
24D. LOCATION (City, town, or county) (State): 4701 GERMAN HILL RD. MD

DATE RECEIVED BY LOCAL REGISTRAR: DEC 21 1950
REGISTRAR'S SIGNATURE: [illegible] Williams
25. FUNERAL DIRECTOR: Charles S. Feiler
ADDRESS: 901 S. Conkling St.

VS 150

N-854X 97046 186a

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

P-620
50-10869

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50-10869

1. NAME OF DECEASED (Type or Print): Thelma Price
2. DATE OF DEATH: Dec 20, 1950
3. PLACE OF DEATH:
A. Baltimore City, Maryland H.L.H 3W
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): THE JOHNS HOPKINS HOSPITAL
C. Length of stay in Baltimore — Yrs. Mos. Days
4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BALTIMORE 27-16
D. STREET ADDRESS (If rural, give location): 4903 DENMORE AVE.

5. SEX: FEMALE
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): SINGLE
8. DATE OF BIRTH: 1941
9. AGE (In years last birthday): 9 — If Under 1 Year: Months, Days — If Under 24 Hours: Hours, Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Baltimore Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: J. Andrew Price
14. MOTHER'S MAIDEN NAME: Thelma H. Raley
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Mr. Daniel B. Raley ADDRESS: 4903 Denmore Ave.

MEDICAL CERTIFICATION

THE JOHNS HOPKINS HOSPITAL

1B. 334X

CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerbral Vascular accident — INTERVAL BETWEEN ONSET AND DEATH: 2 days

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Hypertensive Encephalopathy

DUE TO

(C) Obesity, Type Undetermined

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-14-, 1950 to 12-20-, 1950, that I last saw the deceased alive on 12-20-, 1950, and that death occurred at 1. Am., from the causes and on the date stated above.

23A. SIGNATURE: Lee W. Bass M. D.
23B. ADDRESS: THE JOHNS HOPKINS HOSPITAL
23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: Dec. 23/50
24C. NAME OF CEMETERY OR CREMATORY: Druid Ridge
24D. LOCATION (City, town, or county) (State): Pikesville, Md.

DATE RECEIVED BY LOCAL REGISTRAR: DEC 21 1950
REGISTRAR'S SIGNATURE: [illegible]
25. FUNERAL DIRECTOR: Loring Byers
ADDRESS: 5005 Pk Heights

VS 150

83a

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

3.

Y-400

50-10870

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 50-10870

1. NAME OF DECEASED (Type or Print): Mary Yehle

2. DATE OF DEATH: 12/18/50

3. PLACE OF DEATH: A. Baltimore City, Maryland 1707 N. Castle St.

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 00

C. Length of stay in Baltimore: 60 Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Md.

B. COUNTY: 806

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore

D. STREET ADDRESS (If rural, give location): 1707 N. Castle St.

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widow

8. DATE OF BIRTH: June 4th 1865

9. AGE (In years last birthday): 85

If Under 1 Year: Months: Days

If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At Home

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Ireland

12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Powers

14. MOTHER'S MAIDEN NAME: Not Known

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: Theodore Yehle ADDRESS: 1707 N. Castle St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Arteriosclerotic Cardio Vascular Disease

DUE TO

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 4/5/ *,* 1946 *to* 12/19/ *,* 1950 *, that I last saw the deceased alive on* 12/18 *,* 1950 *, and that death occurred at* 12 45 *Am., from the causes and on the date stated above.*

23A. SIGNATURE: A. Weisser M. D.

23B. ADDRESS: 1927 E. North Ave

23C. DATE SIGNED: 12/20/50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial

24B. DATE: 12/22/50

24C. NAME OF CEMETERY OR CREMATORY: Mount Auburn Park

24D. LOCATION (City, town, or county) (State): Balto. Co. Md.

DATE RECEIVED BY LOCAL REGISTRAR: DEC 21 1950

REGISTRAR'S SIGNATURE: [illegible]

25. FUNERAL DIRECTOR: E. J. Fanning & Son

ADDRESS: 1938 E. Lafayette Ave

VS 150

93 D

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F6 55 Med. Exam. Case

50-10871

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 50-10871

198271

1. NAME OF DECEASED (Type or Print): William Freeman

2. DATE OF DEATH: DEC 17 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Acel Room THE JOHNS HOPKINS HOSPITAL
C. Length of stay in Baltimore: 25 yrs. (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 2657 S. Paca St.

25 43

5. SEX: Male
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Feb 23, 1902
9. AGE (In years last birthday): 48 — If Under 1 Year: Months, Days — If Under 24 Hours: Hours, Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Still Laborer -
10B. KIND OF BUSINESS OR INDUSTRY: General
11. BIRTHPLACE (State or foreign country): Georgia
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Arch Freeman
14. MOTHER'S MAIDEN NAME: Jessie Williams
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: THE JOHNS HOPKINS HOSPITAL — ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral Vascular Accident — INTERVAL BETWEEN ONSET AND DEATH

DUE TO

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Hypertensive Cardiovascular Disease

DUE TO

(C)

CERTIFICATE CORRECTED BY DR. R. B. McFadden per: R. S. Fisher M. D. CHIEF OR ASST. MEDICAL EXAMINER

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.: Pulmonary Edema

19A. DATE OF OPERATION: 2
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19__, *to* _____, 19__, *that I last saw the deceased alive on* 12-17-, 1950 *and that death occurred at* 4 A *m., from the causes and on the date stated above.*

23A. SIGNATURE: Jeremiah A. Barondes M. D.
23B. ADDRESS: THE JOHNS HOPKINS HOSPITAL
23C. DATE SIGNED: 12/18/50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: Dec. 22/50
24C. NAME OF CEMETERY OR CREMATORY: McCalvary Cem
24D. LOCATION (City, town, or county) (State): AA County Md

DATE RECEIVED BY LOCAL REGISTRAR: DEC 21 1950
REGISTRAR'S SIGNATURE: Lucille Williams, M.D.
25. FUNERAL DIRECTOR: Mrs. Albert A. Elliott & Daughter
ADDRESS: 1129 N. Carolina St 93D

VS-150

Released to hospital 57099
To be appr. by Med Exam

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK. Every item of information should be supplied. The age is especially important. Physicians: please write the causes of death clearly and legibly.

C-462
50-10872

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50-10872
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): LYDIA CLARK

2. DATE OF DEATH: Dec. 18, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 4212 Parkmont Ave. Hamilton Arms Nursing Home
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 6
D. STREET ADDRESS (If rural, give location): 4212 Parkmont Ave.

26 01

5. SEX: female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: Jan 1 1879
9. AGE (In years last birthday): 71 — If Under 1 Year: Months: Days — If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10B. KIND OF BUSINESS OR INDUSTRY: at home
11. BIRTHPLACE (State or foreign country): -
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: David Morris
14. MOTHER'S MAIDEN NAME: Sarah

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): - (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Mr. H. J. Windesheim — ADDRESS: 4914 Pembridge A v

MEDICAL CERTIFICATION

18. 443X

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cardiovascular Disease — INTERVAL BETWEEN ONSET AND DEATH: 5 yrs

DUE TO (Hypertension)

ANTECEDENT CAUSES

(B) Cardiac Hypertrophy & — 3 yrs

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO Dilatation

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1/20, 1950, *to* 12/17, 1950, *that I last saw the deceased alive on* 12/17, 1950, *and that death occurred at* 11 3/4 A m., *from the causes and on the date stated above.*

23A. SIGNATURE: C O Sima M. D.
23B. ADDRESS: 2074 E Belvidere Ave
23C. DATE SIGNED: 12/18/50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12/21/50
24C. NAME OF CEMETERY OR CREMATORY: Hebrew Friendship Cem.
24D. LOCATION (City, town, or county) (State): Balto., Md.

DATE RECEIVED BY LOCAL REGISTRAR: DEC 21 1950
REGISTRAR'S SIGNATURE: [illegible]
25. FUNERAL DIRECTOR: Wm. J. Tickner & Sons
ADDRESS: Balto. Md.

93D

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

R-400
50-10873

50-10873

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): KATHRYN F. ROLL

2. DATE OF DEATH: December 19, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland 716 W. North Ave.
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 716 W. North Avenue
C. Length of stay in Baltimore (Yrs. Mos. Days):

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 716 W. North Avenue

13-02

5. SEX: female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Jan. 13, 1914
9. AGE (In years last birthday): 36
If Under 1 Year: Months: Days:
If Under 24 Hours: Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10B. KIND OF BUSINESS OR INDUSTRY: home
11. BIRTHPLACE (State or foreign country): Catonsville, Maryland
12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Ira R. Frizzell
14. MOTHER'S MAIDEN NAME: Mary Warner

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 219-01-2231
17. INFORMANT: Elizabeth F. Justis
ADDRESS: 3308 Burleith Ave.

MEDICAL CERTIFICATION

CAUSE OF DEATH

18. E971.8

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cyanide poisoning

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS UNDERLYING ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.): home
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): 716 W. North Avenue
21D. TIME OF INJURY (Month) (Day) (Year) (Hour): November 25, 1950 ? m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21F. HOW DID INJURY OCCUR?: Ingestion of cyanide poison

22. *I certify that I took charge of the remains described above, held an* Inquiry & Inspection (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☐, *accident* ☐, *suicide* ☒, *homicide* ☐, *undetermined* ☐.

23A. SIGNATURE: William V. Gaw M.D.
23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR ☐
23C. DATE SIGNED: Dec. 20, 1950

24A. BURIAL, CREMATION, REMOVAL (Specify): Cremation
24B. DATE: Dec 21-1950
24C. NAME OF CEMETERY OR CREMATORY: Greenmount
24D. LOCATION (City, town, or county) (State): Balto Md

DATE RECEIVED BY LOCAL REGISTRAR: DEC 21 1950
REGISTRAR'S SIGNATURE: [illegible]
25. FUNERAL DIRECTOR: Ellsworth Funeral Home
ADDRESS: 1639 5118 Harford Park Avenue

VS 151

N-979.0

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be correct age is especially important. Physicians: please write the causes of death clearly and legibly.

A 200

50-10874

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 50-10874

1. NAME OF DECEASED (Type or Print): Evelyn E. Askew

2. DATE OF DEATH: 12-17-1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 847 W. Fayette St.
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Balto. 18-01
D. STREET ADDRESS (If rural, give location): 847 W. Fayette St.

5. SEX: Female
6. COLOR OR RACE: Col.
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: May 28 1890
9. AGE (In years last birthday): 60
If Under 1 Year: Months: Days
If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Emporia Va.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Albert Parham
14. MOTHER'S MAIDEN NAME: Allie Mason

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No.
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: James Askew
ADDRESS: 847 W. Fayette St.

MEDICAL CERTIFICATION

18. 153X

CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Carcinoma of Colon — INTERVAL BETWEEN ONSET AND DEATH: 18 mo+

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 1950, *to* Dec 17, 1950, *that I last saw the deceased alive on* Dec 17, 1950, *and that death occurred at* 6 30 p. m., *from the causes and on the date stated above.*

23A. SIGNATURE: H. Garland Pinell M. D.
23B. ADDRESS: 902 W. Franklin
23C. DATE SIGNED: 12-19-50

24A. BURIAL, CREMATION, REMOVAL (Specify): Shipped
24B. DATE: 12-20-1950
24C. NAME OF CEMETERY OR CREMATORY: Newport News Va.
24D. LOCATION (City, town, or county) (State): Newport News Va.

DATE RECEIVED BY LOCAL REGISTRAR: DEC 21 1950
REGISTRAR'S SIGNATURE: [illegible]
25. FUNERAL DIRECTOR: Mrs Katie R. Williams
ADDRESS: 3221 Schwartz

VS 150

46 E

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

R-320
50-10875

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 50-10875

BIRTH NO. 50-00859

1. NAME OF DECEASED (Type or Print): Althea RHODES

2. DATE OF DEATH: Dec. 19, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): University Hospital
C. Length of stay in Baltimore — Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 814 Brice St.

16-04

5. SEX: FEMale
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): S.
8. DATE OF BIRTH: Jan. 11, 1950.
9. AGE (In years last birthday): If Under 1 Year — Months: 11; Days; If Under 24 Hours — Hours; Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Eugene Rhodes
14. MOTHER'S MAIDEN NAME: Alen Gaither.
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or noknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Mrs. Alen Rhodes, ADDRESS: 814 Brice St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Acute gastro enteritis 571.0
DUE TO
ANTECEDENT CAUSES
(B)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
DUE TO
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* Inspection & Inq. (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☒, *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

23A. SIGNATURE: Stanley K. Duncacher M.D.
23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR ☐
23C. DATE SIGNED: Dec. 20, 1950

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: Dec 21, 1950
24C. NAME OF CEMETERY OR CREMATORY: Mt Calvary
24D. LOCATION (City, town, or county) (State): Cedarhill, Md.

DATE RECEIVED BY LOCAL REGISTRAR: DEC 21 1950
REGISTRAR'S SIGNATURE: Katie R. Williams
25. FUNERAL DIRECTOR: Mrs Katie R. Williams
ADDRESS: 322 N Schroeder St

VS 151

119a

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

R-163
50-10876

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 50-10876

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Ruthford R.Roberts

2. DATE OF DEATH: I2-I9-50

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 528 E.2Ist Street
C. Length of stay in Baltimore: 50 Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: City
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 528 E.2Ist.,Street

9-08

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: 2-9-I880
9. AGE (In years last birthday): 70 — If Under 1 Year: Months I0, Days I0, Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Sea Captain (Retired)
10B. KIND OF BUSINESS OR INDUSTRY: Tug boate
11. BIRTHPLACE (State or foreign country): Jesterville,Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Isaac Roberts
14. MOTHER'S MAIDEN NAME: Julia A.Roberts

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: 2I7-I4-5292
17. INFORMANT: Mrs. Julia A.Duley — ADDRESS: 528 E.2Ist.,Street Balto:Md.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) arteriosclerotic cardio-Vascular — ?
DUE TO Renal Disease

ANTECEDENT CAUSES

(B)
DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May, 1950, *to* 19 Dec, 1950, *that I last saw the deceased alive on* 17 Dec, 1950, *and that death occurred at* 10:10 A. *m., from the causes and on the date stated above.*

23A. SIGNATURE: Samuel Lebeff M. D.
23B. ADDRESS: 714 E. Preston St.
23C. DATE SIGNED: 20 Dec 1950

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: I2-22-50
24C. NAME OF CEMETERY OR CREMATORY: New Cathedral Cemetery
24D. LOCATION (City, town, or county) (State): Edmondson Ave.Balto:Md.

DATE RECEIVED BY LOCAL REGISTRAR: DEC 21 1950
REGISTRAR'S SIGNATURE: Christopher Williams M.D.
25. FUNERAL DIRECTOR: George J.Ruth,Inc.-I735 Harford Avenue — ADDRESS

VS 150

24055

131a

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M 225
50-10877

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50-10877
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Miss Elizabeth Margaret McGuigan

2. DATE OF DEATH: December 20, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Joseph's Hospital
c. Length of stay in Baltimore: Life (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 3222 Berkshire Rd.

5. SEX: Fe.
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: Aug.16th.,1910
9. AGE (In years last birthday): 40
If Under 1 Year: Months 4, Days 4; If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clerk
10B. KIND OF BUSINESS OR INDUSTRY: Insurance Md. Casualty Co.
11. BIRTHPLACE (State or foreign country): Baltimore, Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Bernard I.McGuigan
14. MOTHER'S MAIDEN NAME: Elizabeth M.Scarborough

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: 212-10-5466
17. INFORMANT: Mr. Bernard I.McGuigan
ADDRESS: 3222 Birkshire Rd. Balto.Md.

MEDICAL CERTIFICATION

18. 584X

CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Pulmonary Embolism

DUE TO

(B) Post-operative cholecystectomy

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION: Dec. 12, 1950
19B. MAJOR FINDINGS OF OPERATION: Chronic Appendicitis, inactive; Acute & Chronic Cholecystitis and Cholelithiasis.
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12/8/, 1950, *to* 12/20/, 1950 *that I last saw the deceased alive on* 12/20/, 1950 *and that death occurred at* 7:15AM, *from the causes and on the date stated above.*

23A. SIGNATURE: G. G. Allice, M. D.
23B. ADDRESS: 1400 N. Caroline Street
23C. DATE SIGNED: 12/20/50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12-23-50
24C. NAME OF CEMETERY OR CREMATORY: St.Ignatius Cemetery
24D. LOCATION (City, town, or county) (State): Hickory,Harford Co.,Md.

DATE RECEIVED BY LOCAL REGISTRAR: DEC 21 1950
REGISTRAR'S SIGNATURE: Euclid Williams, M.D.
25. FUNERAL DIRECTOR: George J.Ruth,Inc.
ADDRESS: 1735 Harford Avenue

VS 150

39073

126

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

S-362

50-10878

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X Registered No. 50-10878

1. NAME OF DECEASED (Type or Print): Thelma G Sturgeon

2. DATE OF DEATH: 12/20/50.

3. PLACE OF DEATH:
A. Baltimore City, Maryland ✓
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Agnes Hospital
C. Length of stay in Baltimore — Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: Howard
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Elchester, Md
D. STREET ADDRESS (If rural, give location): College Avenue

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Divorced
8. DATE OF BIRTH: 8-2-1916
9. AGE (In years last birthday): 34 — If Under 1 Year: Months / Days; If Under 24 Hours: Hours / Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Sewing Dept.
10B. KIND OF BUSINESS OR INDUSTRY: Paper Box Factory (M)
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Glover Walter Miller
14. MOTHER'S MAIDEN NAME: Eva Moore
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: 212-28-6029
17. INFORMANT: Walter A. Miller, ADDRESS: Elchester, Md.

MEDICAL CERTIFICATION

18. E916.8

CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) 3rd. Burns of both legs

DUE TO both arms & back

ANTECEDENT CAUSES

(B) Hepato renal Synd.

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C) Adrenal Insufficiency

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

CERTIFICATION APPROVED BY
Stanley W. Dundachen M. D.
CHIEF OR ASST. MEDICAL EXAMINER

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.): public place
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): Parking lot at Montgomery Wards
21D. TIME OF INJURY (Month) (Day) (Year) (Hour): October 2, 1950 ? m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21F. HOW DID INJURY OCCUR? Slipped on pavement into burning gasoline coming from punctured gasoline tank in car

22. I hereby certify that I attended the deceased from 10/2, 1950, to 12/20, 1950 that I last saw the deceased alive on 12/20, 1950 and that death occurred at 2:15 p.m., from the causes and on the date stated above.

23A. SIGNATURE: John C. Haley M. D.
23B. ADDRESS: St. Agnes Hosp.
23C. DATE SIGNED: 12/20/50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: Dec. 23, 1950.
24C. NAME OF CEMETERY OR CREMATORY: Good Shepherd Cemetery
24D. LOCATION (City, town, or county) (State): Ellicott City, Maryland.

DATE RECEIVED BY LOCAL REGISTRAR: DEC 21 1950
REGISTRAR'S SIGNATURE: Carson Van Williams, M.D.
25. FUNERAL DIRECTOR: Eastowsons, ADDRESS: Ellicott City, Md.

VS 150

N-947.5 6904K 181

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be c[illegible] supplied. The correct age is especially important. Physicians: please write the causes of death clearly and leg[illegible]

B-626

50-10879
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

X Registered No. 50-10879

1. NAME OF DECEASED (Type or Print): MARY BERGER

2. DATE OF DEATH: December 20, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): University Hospital
C. Length of stay in Baltimore: 8 ~~Yrs.~~ ~~Mos.~~ Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: Howard
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ellicott City
D. STREET ADDRESS (If rural, give location): Main Street

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: May 29, 1883
9. AGE (In years last birthday): 67 — If Under 1 Year: Months / Days — If Under 24 Hours: Hours / Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): England
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: ? Nesbitt
14. MOTHER'S MAIDEN NAME: Unknown
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Joseph Berger — ADDRESS: Ellicott City, Md.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Asphyxia due to hanging
DUE TO
ANTECEDENT CAUSES
(B)
DUE TO
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(C)

E974X 1

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS UNDERLYING ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.): Hospital
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): University Hospital
21D. TIME OF INJURY (Month) (Day) (Year) (Hour): Dec. 20, 1950 4:15 P. m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21F. HOW DID INJURY OCCUR? Hanged self from towel rack by bathrobe cord

22. *I certify that I took charge of the remains described above, held an* Inspection & Inquiry (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☐, *accident* ☐, *suicide* ☒, *homicide* ☐, *undetermined* ☐.

23A. SIGNATURE: William V. Scott M.D.
23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☑ MEDICAL INVESTIGATOR ☐
23C. DATE SIGNED: Dec. 21, 1950

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12/23/50.
24C. NAME OF CEMETERY OR CREMATORY: St. John's Cemetery
24D. LOCATION (City, town, or county) (State): Ellicott City, Maryland.

DATE RECEIVED BY LOCAL REGISTRAR: DEC 21 1950
REGISTRAR'S SIGNATURE: Thomas Williams, M.D.
25. FUNERAL DIRECTOR: Easton Sons
ADDRESS: Ellicott City, Md.

VS 151 N-991X 164a

H-200

50-10880

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 50-10880

1. NAME OF DECEASED (Type or Print): Howard Randal Hussey

2. DATE OF DEATH: 12-19-50

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Church Home + Hospital
C. Length of stay in Baltimore: Yrs. Mos. Days: Life

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 26-10
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 334 S Highland Ave

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): M
8. DATE OF BIRTH: 6/19/94
9. AGE (In years last birthday): 56 — If Under 1 Year: Months, Days — If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ship Fitter
10B. KIND OF BUSINESS OR INDUSTRY: Retired
11. BIRTHPLACE (State or foreign country): U S A - Maryland
12. CITIZEN OF WHAT COUNTRY? U S

13. FATHER'S NAME: Alonzon Hussey
14. MOTHER'S MAIDEN NAME: Anna Hagan

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT — ADDRESS

MEDICAL CERTIFICATION

18. 157X

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cirrhosis of Liver — 1 month

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Carcinoma at Head of

DUE TO

(C) Pancreas

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 12-11-50
19B. MAJOR FINDINGS OF OPERATION: Cholecystojejunostomy
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov 30, 1950, *to* Dec 19, 1950, *that I last saw the deceased alive on* Dec 18, 1950, *and that death occurred at* 555 Am., *from the causes and on the date stated above.*

23A. SIGNATURE: Ruth Moore M. D.
23B. ADDRESS: Church Home + Hospital
23C. DATE SIGNED: 12-19-50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12/21/50
24C. NAME OF CEMETERY OR CREMATORY: Oak Lawn
24D. LOCATION (City, town, or county) (State): Baltimore Md

DATE RECEIVED BY LOCAL REGISTRAR: DEC 21 1950
REGISTRAR'S SIGNATURE: [illegible]
25. FUNERAL DIRECTOR: Clarence F. Hoffmann — ADDRESS: 1639 Broadway

VS 150

58530

469

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be obtained if possible. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G-220
50-10881

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50-10881
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): MARY GIGOUS

2. DATE OF DEATH: Dec. 18, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 204 S. East Avenue
C. Length of stay in Baltimore: Life (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 26-10
D. STREET ADDRESS (If rural, give location): 204 S. East Avenue

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: July 12, 1902
9. AGE (In years last birthday): 48
If Under 1 Year: Months / Days
If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework & sales
10B. KIND OF BUSINESS OR INDUSTRY: Lady* Clothing
11. BIRTHPLACE (State or foreign country): Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John J. McDonough
14. MOTHER'S MAIDEN NAME: Margaret T. McHugh

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): no
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Mr. Howard Gigous — ADDRESS: 204 S. East Avenue

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Metastatic carcinoma — INTERVAL BETWEEN ONSET AND DEATH: 19 months

DUE TO

(B) Carcinoma recto-sigmoid colon

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

153X

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 6/17/49
19B. MAJOR FINDINGS OF OPERATION: Carcinoma recto sigmoid colon
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 8/6, 1950, *to* 12/18, 1950, *that I last saw the deceased alive on* 12/18, 1950, *and that death occurred at* 7:45 P m., *from the causes and on the date stated above.*

23A. SIGNATURE: Stanley B. Klyanowicz M. D.
23B. ADDRESS: 3500 Eddison Ave
23C. DATE SIGNED: 12/19/50

24A. BURIAL, CREMATION, REMOVAL (Specify): burial
24B. DATE: 12/22/50
24C. NAME OF CEMETERY OR CREMATORY: Oak Lawn Cemetery
24D. LOCATION (City, town, or county) (State): Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR: DEC 21 1950
REGISTRAR'S SIGNATURE: Lucretia Williams M.D.
25. FUNERAL DIRECTOR: HENRY SANDER & SONS, INC. BALTO., 13, MD.
ADDRESS: Henry T. Sander

VS 150

72064

46E

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be correct. Physicians: please write the causes of death clearly and legibly. The correct age is especially important.

A-352
50-10882

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 50-10882

1. NAME OF DECEASED (Type or Print): WILLIAM THOMAS ADAMS

2. DATE OF DEATH: Dec. 18, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 3142 FOSTER AVENUE
C. Length of stay in Baltimore: Life (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY
C. CITY OR TOWN: Baltimore (If outside corporate limits, write RURAL and give township)
D. STREET ADDRESS (If rural, give location): 3142 Foster Avenue

26 11

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Sept. 3, 1897
9. AGE (In years last birthday): 53
If Under 1 Year: Months: Days
If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Maintenance man
10B. KIND OF BUSINESS OR INDUSTRY: Cont. Can Co. (M)
11. BIRTHPLACE (State or foreign country): Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Thomas Adams
14. MOTHER'S MAIDEN NAME: Pauline Noor

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): no
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 215-01-6064
17. INFORMANT: 3142 Foster Avenue
Mrs Catherine Adams

MEDICAL CERTIFICATION

18. 420.1

CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Coronary Thrombosis.

DUE TO

(B) Coronary artery Disease.

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* March 10, 19 50, *to* Dec 18, 19 50, *that I last saw the deceased alive on* Dec 18, 19 50, *and that death occurred at* 7 00 P.m., *from the causes and on the date stated above.*

23A. SIGNATURE: Ea Flanigan Jr. M. D.
23B. ADDRESS: 3501 Fait Ave
23C. DATE SIGNED: 12-19-50

24A. BURIAL, CREMATION, REMOVAL (Specify): burial
24B. DATE: 12/23/50
24C. NAME OF CEMETERY OR CREMATORY: Oak Lawn Cemetery
24D. LOCATION (City, town, or county) (State): Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR: DEC 21 1950
REGISTRAR'S SIGNATURE
25. FUNERAL DIRECTOR: HENRY SANDER & SONS, INC.
ADDRESS: BALTO., 13, MD. Geo V Sander

VS 150

5543D

94a

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be correct. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

C-550
50-10883

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 50-10883

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be c[illegible] supplied. The correct age is especially important. Physicians: please write the causes of death clearly and leg[illegible]y.

1. NAME OF DECEASED (Type or Print): Mr. Edgar G Comen

2. DATE OF DEATH: 12/20/50

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1765 Homestead Street
C. Length of stay in Baltimore: Life Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 1765 Homestead Street

9-07

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Jan. 2, 1892
9. AGE (In years last birthday): 58
If Under 1 Year: Months: Days
If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret. Police
10B. KIND OF BUSINESS OR INDUSTRY: Balto. City
11. BIRTHPLACE (State or foreign country): Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Patrick J. Comen
14. MOTHER'S MAIDEN NAME: Mary Elizabeth Cleary

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): YES (If yes, give war or dates of service): WW I
16. SOCIAL SECURITY NO.: none
17. INFORMANT: Mrs Mary E. Comen
ADDRESS: 1765 Homestead S

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 7-10 days.

DUE TO

(B) Arteriosclerosis

DUE TO

(C) Myocardial insufficiency

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4/20, 1948, *to* 12/20, 1950, *that I last saw the deceased alive on* 12/20, 1950, *and that death occurred at* 4:20 P. m., *from the causes and on the date stated above.*

23A. SIGNATURE: Theodore Trozzano M. D.
23B. ADDRESS: 2802 Harford Rd Balto 18
23C. DATE SIGNED: 12/20/50

24A. BURIAL, CREMATION, REMOVAL (Specify): burial
24B. DATE: 12/23/50
24C. NAME OF CEMETERY OR CREMATORY: Baltimore National
24D. LOCATION (City, town, or county) (State): Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR: DEC 21 1950
REGISTRAR'S SIGNATURE: [illegible] for Williams, M.D.
25. FUNERAL DIRECTOR: HENRY SANDER & SONS, INC. BALTO., 13, MD
ADDRESS: Sander

VS 150

773 93

83B

B-300
50-10884

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 50-10884

BIRTH NO.

1. NAME OF DECEASED (Type or Print): ELMER LeROY BOYD

2. DATE OF DEATH: Dec. 20, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1108 DARLEY AVENUE
C. Length of stay in Baltimore: Life (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 1108 Darley avenue

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Nov 4- 1884
9. AGE (In years last birthday): 66 — If Under 1 Year: Months 1, Days 16 — If Under 24 Hours: Hours, Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Pattern Maker-ret.
10B. KIND OF BUSINESS OR INDUSTRY: Wheel co. (Wooden)
11. BIRTHPLACE (State or foreign country): Baltimore, Md
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME
14. MOTHER'S MAIDEN NAME
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Mrs Dorothy E. Boyd — ADDRESS: ~~1108 Darley Avenue~~

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Coronary Embolism — INTERVAL BETWEEN ONSET AND DEATH: 20 Min.
DUE TO
Arteriosclerosis — 1 yr.
Hypertension — 1 yr.
(B) Angina Pectoris — 1 yr
DUE TO
(C) Chronic Interstitial Nephritis — 1 yr

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec 19, 1950, *to* Dec 20, 1950, *that I last saw the deceased alive on* Dec. 20, 1950, *and that death occurred at* 7 P m., *from the causes and on the date stated above.*

23A. SIGNATURE: Thomas F. A. Stevens M. D.
23B. ADDRESS: 7878 Harford Rd
23C. DATE SIGNED: 12

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12/23/50
24C. NAME OF CEMETERY OR CREMATORY: Moreland Memorial
24D. LOCATION (City, town, or county) (State): Balto., Md.

DATE RECEIVED BY LOCAL REGISTRAR: DEC 21 1950
REGISTRAR'S SIGNATURE: [illegible] Williams, M.D.
25. FUNERAL DIRECTOR: HENRY SANDER & SONS, INC. BALTO., 13, MD.
ADDRESS: Henry Sander

VS 150

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131a

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be c[illegible] supplied. The correct age is especially important. Physicians: please write the causes of death clearly and leg[illegible]y.

R-223

50-10885

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 50-10885

1. NAME OF DECEASED (Type or Print): Fred A. Rochester

2. DATE OF DEATH: Dec. 18, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 229 East 25th Street
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 229 E. 25th Street

12-03

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: May 30, 1888
9. AGE (In years last birthday): 62
If Under 1 Year: Months Days
If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret. Sales Manager -
10B. KIND OF BUSINESS OR INDUSTRY: Meat Business
11. BIRTHPLACE (State or foreign country): Baltimore, Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Harry Rochester
14. MOTHER'S MAIDEN NAME: Emma D. Ruehl

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): no
(If yes, give war or dates of service): ---
16. SOCIAL SECURITY NO.
17. INFORMANT: Virginia Rochester, 229 East 25th Street
ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Acute Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 10-15 min.

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Coronary Arteriosclerosis — 10-15 yr

DUE TO

(C) Hypertension & U.R.P. — 10-15 yr

Diabetes Mellitus — 6 yr +

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Obesity. — 10-15 yr

19A. DATE OF OPERATION: —
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. I hereby ~~certify~~ that I attended the deceased from Feb 1946, 19__, to Dec. 18, 1950, 19__, that I last saw the deceased ~~alive~~ on Nov. 30, 19 50 and that death occurred at 10:00 P.m., from the causes and on the date stated above.

23A. SIGNATURE: [signature] M. D.
23B. ADDRESS: 642 W. Nth. Blvd
23C. DATE SIGNED: 12-20-50

24A. BURIAL, CREMATION, REMOVAL (Specify): burial
24B. DATE: 12/21/50
24C. NAME OF CEMETERY OR CREMATORY: Parkwood Cemetery
24D. LOCATION (City, town, or county) (State): Parkville, Maryland

DATE RECEIVED BY LOCAL REGISTRAR: DEC 21 1950
REGISTRAR'S SIGNATURE: [signature]
25. FUNERAL DIRECTOR: Wm. Cook, Inc.
ADDRESS: 1217 St. Paul Street

VS 150

20063

61

T-655
50-10886

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50-10886
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): William T. Tarman

2. DATE OF DEATH: Dec. 20, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1136 Forrest Street
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 809 Winston Avenue

2710

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Feb. 28, 1885
9. AGE (In years last birthday): 65
If Under 1 Year: Months: Days
If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): laborer
10B. KIND OF BUSINESS OR INDUSTRY: Marble (n)
11. BIRTHPLACE (State or foreign country): Baltimore, Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: William T. Tarman
14. MOTHER'S MAIDEN NAME: Elizabeth J. Wyman

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Helen M. Menzies
ADDRESS: 809 Winston Avenue

MEDICAL CERTIFICATION

18. 44rX

CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cardio-Vascular-Renal Disease with congestive failure — INTERVAL BETWEEN ONSET AND DEATH: ?

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) hypertension — ?

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 17 Dec, 1950, *to* 20 Dec, 1950, *that I last saw the deceased alive on* 19 Dec, 1950, *and that death occurred at* 2 A. m., *from the causes and on the date stated above.*

23A. SIGNATURE: Samuel Silverfeld M. D.
23B. ADDRESS: 714 E. Preston St.
23C. DATE SIGNED: 21 Dec 1950

24A. BURIAL, CREMATION, REMOVAL (Specify): burial
24B. DATE: 12/22/50
24C. NAME OF CEMETERY OR CREMATORY: Loudon Park Cemetery
24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE RECEIVED BY LOCAL REGISTRAR: DEC 21 1950
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Wm. Cook, Inc.
ADDRESS: 1217 St. Paul Street

VS 150

97039

121a

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

H-536

50-10887

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50-10887

1. NAME OF DECEASED (Type or Print): Archie HENDRICKS

2. DATE OF DEATH: Dec. 19, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): University Hospital
c. Length of stay in Baltimore — Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 896 W. Lombard St.

18-03

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): single
8. DATE OF BIRTH: April 20, 1917
9. AGE (In years last birthday): 33 — If Under 1 Year: Months, Days — If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ship Fitter
10B. KIND OF BUSINESS OR INDUSTRY: Shipyard
11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: William S. Hendricks
14. MOTHER'S MAIDEN NAME: Mary J. Johnson

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 231-07-6372
17. INFORMANT: Mary Wright, 896 W. Lombard Street — ADDRESS

MEDICAL CERTIFICATION

CAUSE OF DEATH

18. 289.1

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Fatty liver

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21A. EXTERNAL CAUSE WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH.
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* Autopsy (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* [X], *accident* [ ], *suicide* [ ], *homicide* [ ], *undetermined* [ ].

23A. SIGNATURE: William V. Lovell M.D.
23B. CHIEF MEDICAL EXAMINER [ ] ASSISTANT MEDICAL EXAMINER [X] MEDICAL INVESTIGATOR [ ]
23C. DATE SIGNED: Dec. 19, 1950

24A. BURIAL, CREMATION, REMOVAL (Specify): burial
24B. DATE: 12/22/50
24C. NAME OF CEMETERY OR CREMATORY: Mt. Carmel Cemetery
24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE RECEIVED BY LOCAL REGISTRAR: DEC 21 1950
REGISTRAR'S SIGNATURE: [illegible] Williams, M.D.
25. FUNERAL DIRECTOR: Wm. Cook, Inc.
ADDRESS: 1217 St. Paul Street

VS 151

585 3U

124B

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

S-516
50-10888

Schneeberger

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50-10888

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Jennie Schneeberger

2. DATE OF DEATH: 12-20

3. PLACE OF DEATH: A. Baltimore City, Maryland: Balto

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sinai Hospital

C. Length of stay in Baltimore: 60 Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Balto
D. STREET ADDRESS (If rural, give location): Broadway + Monument

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, ~~MARRIED~~, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: 1861
9. AGE (In years last birthday): 89
If Under 1 Year: Months / Days
If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none
10B. KIND OF BUSINESS OR INDUSTRY: none
11. BIRTHPLACE (State or foreign country): New York
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Sigmund Schneeberger
14. MOTHER'S MAIDEN NAME: Regina ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): no
(If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: no
17. INFORMANT: Mrs Bessie Plant
ADDRESS: Highfield Pikesville Md

MEDICAL CERTIFICATION

18. 4/20.0

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) Bronchopneumonia + Pleurisy

DUE TO

(B) Cachexia

DUE TO

(C) Old age, A.S.H.D.

INTERVAL BETWEEN ONSET AND DEATH: ? 3-5 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: ✓
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12-1- 1950, *to* 12-20 1950, *that I last saw the deceased alive on* 12-19, 1950, *and that death occurred at* 1:20 A.M., *from the causes and on the date stated above.*

23A. SIGNATURE: Ruth Bleier M. D.
23B. ADDRESS: Sinai
23C. DATE SIGNED: 12-20-50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: Dec 22/50
24C. NAME OF CEMETERY OR CREMATORY: Balto Hebrew Cemetery
24D. LOCATION (City, town, or county) (State): Belair Rd Md

DATE RECEIVED BY LOCAL REGISTRAR: DEC 21 1950
REGISTRAR'S SIGNATURE: Dorothy Williams
25. FUNERAL DIRECTOR: David Sondheimer
ADDRESS: 1902 Eutaw

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

93D

D-620

50-10889

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50-10889

1. NAME OF DECEASED (Type or Print): Milton Dorsey

2. DATE OF DEATH: 12-18-50

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 3203 Westwood Ave
c. Length of stay in Baltimore: Life (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 15-06
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 3203 Westwood Ave

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: MAY 31
9. AGE (In years last birthday): 66 — If Under 1 Year: Months / Days — If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): GLASS BLOWER
10B. KIND OF BUSINESS OR INDUSTRY: SWINDELL GLASS CO
11. BIRTHPLACE (State or foreign country): BALTIMORE MD.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: JOHN DORSEY (M)
14. MOTHER'S MAIDEN NAME: KATHERINE BRUNNER

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 212-05-8180
17. INFORMANT: MRS. MARGARET E DORSEY — ADDRESS: 3302 WESTWOOD AVE BALTIMORE

MEDICAL CERTIFICATION

18. 420.1

CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Coronary Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: Unknown

DUE TO

ANTECEDENT CAUSES

(B) Hypertensive Cardio-Vascular disease

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* Autopsy, Inspection or Inquiry *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☐, *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

23A. SIGNATURE: Robert B. McFadden M.D.
23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☐
23C. DATE SIGNED: 12-18-50

24A. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: 12-23-50
24C. NAME OF CEMETERY OR CREMATORY: CATHEDRAL CEM.
24D. LOCATION (City, town, or county) (State): OLD FREDERICK RD. BALTIMORE MD.

DATE RECEIVED BY LOCAL REGISTRAR: DEC 21 1950
REGISTRAR'S SIGNATURE
25. FUNERAL DIRECTOR: Flynn & Fleming
ADDRESS: 1426 Leg Ave

VS 151

594 35 93D

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

S-350
50-10890

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

X Registered No. 50-10890

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Adeline A. Stone
2. DATE OF DEATH: 12/19/50
3. PLACE OF DEATH: A. Baltimore City, Maryland — Baltimore
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Maryland General Hospital
C. Length of stay in Baltimore: Life. (Yrs. Mos. Days)
4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: Anne Arundel
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): 5200
D. STREET ADDRESS (If rural, give location): 4205 Belgrove Road #25

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months	Days	If Under 24 Hours: Hours	Min.
Female	White	Married	March 27, 1912	38				

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): H.W.
10B. KIND OF BUSINESS OR INDUSTRY: Own Home.
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Edward A. Saddler.
14. MOTHER'S MAIDEN NAME: Catherine Auer.
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Chester Stone — ADDRESS: 4205 Belle Grove Rd #25

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Acidosis — INTERVAL BETWEEN ONSET AND DEATH

DUE TO

ANTECEDENT CAUSES

(B) Diabetes Mellitus.

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C) Hodgkin's disease?

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: —
19B. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/11, 1950, to 12/19, 1950, that I last saw the deceased alive on 12/19, 1950 and that death occurred at 6 45 a.m., from the causes and on the date stated above.

23A. SIGNATURE: Paul G. Herold, M. O.
23B. ADDRESS: Maryland General Hosp.
23C. DATE SIGNED: 12-19-50

24A. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: 12/22/50
24C. NAME OF CEMETERY OR CREMATORY: Holy Cross
24D. LOCATION (City, town, or county) (State): A.A. Co. MD.

DATE RECEIVED BY LOCAL REGISTRAR: DEC 21 1950
REGISTRAR'S SIGNATURE: [illegible]
25. FUNERAL DIRECTOR: Fleming — ADDRESS: 142 Leg St 30

VS 150

44 B

G 612

50-10891

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 50-10891

BIRTH NO.

1. NAME OF DECEASED (Type or Print): GRAVES, LAWRENCE C.

2. DATE OF DEATH: 12/18/50

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Provident
C. Length of stay in Baltimore: 39 Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 1503 Baker

5. SEX: Male
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: 11/9/05
9. AGE (In years last birthday): 45
If Under 1 Year: Months: Days
If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10B. KIND OF BUSINESS OR INDUSTRY: General
11. BIRTHPLACE (State or foreign country): Va
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Isaac Graves
14. MOTHER'S MAIDEN NAME: Lucy

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 212-09-6086
17. INFORMANT: Dorothy Graves ADDRESS: 1503 Baker St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

330 X

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Subarachnoid Hemorrhage

DUE TO

ANTECEDENT CAUSES

(B) Hypertension

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12/13, 1950, *to* 12/18, 1950, *that I last saw the deceased alive on* 12/18, 1950, *and that death occurred at* 1:15 P.M., *from the causes and on the date stated above.*

23A. SIGNATURE: John H. Holmes III M. D.
23B. ADDRESS: Provident Hosp.
23C. DATE SIGNED: 12/20/50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12/22
24C. NAME OF CEMETERY OR CREMATORY: Arbutus
24D. LOCATION (City, town, or county) (State): Md

DATE RECEIVED BY LOCAL REGISTRAR: DEC 21 1950
REGISTRAR'S SIGNATURE: Evelyn Williams, M.D.
25. FUNERAL DIRECTOR: Geo. H. Kelson
ADDRESS: 1303 Presstman

VS 150

97099

8382

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

H 125
50-10892

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 50-10892

1. NAME OF DECEASED (Type or Print): Albert Hobson

2. DATE OF DEATH: Dec 19, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1127 N. Gilmore St
C. Length of stay in Baltimore: 25 years (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY: 16-06
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Balto
D. STREET ADDRESS (If rural, give location): 1127 N. Gilmore St

5. SEX: M
6. COLOR OR RACE: C
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): M
8. DATE OF BIRTH: Feb 20, 1891
9. AGE (In years last birthday): 59 — If Under 1 Year: Months, Days; If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10B. KIND OF BUSINESS OR INDUSTRY: none
11. BIRTHPLACE (State or foreign country): Va
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Richard Hobson
14. MOTHER'S MAIDEN NAME: —

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): —
(If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.:

17. INFORMANT: Clarence Hobson — ADDRESS: 117 N. Fulton ave

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Cardio-Vascular-Renal — INTERVAL BETWEEN ONSET AND DEATH:
DUE TO
ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B) Cancer - Uremia — 3 mon.
DUE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12/5, 1950, *to* 12/19, 1950, *that I last saw the deceased alive on* 12/18, 1950, *and that death occurred at* 8:4 m., *from the causes and on the date stated above.*

23A. SIGNATURE: [illegible] M. D.
23B. ADDRESS: 600 N Arlington Ave
23C. DATE SIGNED: 12/20/50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12-22-50
24C. NAME OF CEMETERY OR CREMATORY: Mt Auburn
24D. LOCATION (City, town, or county) (State): Md

DATE RECEIVED BY LOCAL REGISTRAR: DEC 21 1950
REGISTRAR'S SIGNATURE: [illegible]
25. FUNERAL DIRECTOR: Geo G. Nelson
ADDRESS: 1303 Pressman St

VS 150

97099

131a

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be correct. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Dr R. Jackson

F-452

50-10893

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50-10893

Registered No.

1. NAME OF DECEASED (Type or Print): THOMAS FLANIGAN

2. DATE OF DEATH: 12-18-50.

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1147 CARROLTON AVE.
C. Length of stay in Baltimore: 44 YRS. (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BALTIMORE 16-01
D. STREET ADDRESS (If rural, give location): 1147 CARROLLTON AVE.

5. SEX: MALE
6. COLOR OR RACE: COLORED
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: 9-15-1874
9. AGE (In years last birthday): 76
If Under 1 Year: Months: Days: If Under 24 Hours: Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): GARDNER
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): VIRGINIA
12. CITIZEN OF WHAT COUNTRY?:
13. FATHER'S NAME: THOMAS FLANIGAN
14. MOTHER'S MAIDEN NAME:
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: MARTHA A. FLANIGAN ADDRESS: 1147 CARROLLTON

MEDICAL CERTIFICATION

18. 331X

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebro-Vascular Accident — 6 days

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Arteriosclerosis — Indefinite

DUE TO

(C) Senility

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-12, 1950, to 12-18, 1950, that I last saw the deceased alive on 12-18, 1950, and that death occurred at 11 P m., from the causes and on the date stated above.

23A. SIGNATURE: Charles T. Wardlaw M. D.
23B. ADDRESS: 861 Hamilton Ave
23C. DATE SIGNED: 12-21-50

24A. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: 12/21/50
24C. NAME OF CEMETERY OR CREMATORY: MT. CALVARY
24D. LOCATION (City, town, or county) (State): A. A. Co. MD.

DATE RECEIVED BY LOCAL REGISTRAR:
REGISTRAR'S SIGNATURE: Fowler for Williams M.D.
25. FUNERAL DIRECTOR: Wm. A. JACKSON
ADDRESS: 916 PENNA. AVE.

DEC 21 1950

VS 15

83a

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

W-220
50-10894

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50-10894
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Daniel Woschuk

2. DATE OF DEATH: 12/19/50

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): University Hospital
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 33 E. York St

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: Jan. 12, 1890
9. AGE (In years last birthday): 60
If Under 1 Year: Months: Days
If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10B. KIND OF BUSINESS OR INDUSTRY: Railroad
11. BIRTHPLACE (State or foreign country): Russian
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: ? Woschuk
14. MOTHER'S MAIDEN NAME: not know

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 705-07-8745
17. INFORMANT: Mr. Sam Woschuk
ADDRESS: 1513 Back St

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Pulmonary Tuberculosis
DUE TO with Dehydration
(B) Cachexia
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12/18, 1950, *to* 12/19, 1950, *that I last saw the deceased alive on* 12/19, 1950, *and that death occurred at* 4:20 A m., *from the causes and on the date stated above.*

23A. SIGNATURE: Ned R. McClurd M.D.
23B. ADDRESS: University Hospital
23C. DATE SIGNED: 12/19/50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: Dec. 22-50
24C. NAME OF CEMETERY OR CREMATORY: Holy Trinity Russian
24D. LOCATION (City, town, or county) (State): Elkridge Md

DATE RECEIVED BY LOCAL REGISTRAR: DEC 21 1950
REGISTRAR'S SIGNATURE: Huntington Williams M.D.
E. FUNERAL DIRECTOR: J. A. Grebliunas Jr
ADDRESS: 1905 E Pratt St

970 50

13B

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G652

143983

BIRTH NO. 50-10895

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50-10895

Registered No.

1. NAME OF DECEASED (Type or Print): Catherine Granson

2. DATE OF DEATH: 12-15-1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Baltimore City Hospitals 4940 Eastern Ave.
C. Length of stay in Baltimore (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 506 W. Hoffman St.

11-02

5. SEX: F.
6. COLOR OR RACE: Col.
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: ?
9. AGE (In years last birthday): 35?
If Under 1 Year: Months Days
If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Domestic
10B. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Amos Johnson
14. MOTHER'S MAIDEN NAME: Catherine Perry.

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Baltimore City Hospitals Records: ADDRESS 4940 Eastern Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) 422.1

(A) Possible Cardiovascular Accident — INTERVAL BETWEEN ONSET AND DEATH: 2wks

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Malnutrition, Chronic Alcoholic — 6 mos. plus, 1 yr-plus

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12-5-, 1950, *to* 12-15-, 1950 *that I last saw the deceased alive on* 12-15-, 1950, *and that death occurred at* 6.20 PM, *from the causes and on the date stated above.*

23A. SIGNATURE: R. S. Rogers M. D.
23B. ADDRESS: 4940 Eastern Ave. Balto., Md.
23C. DATE SIGNED: 12-17-50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: Dec 21, 1950
24C. NAME OF CEMETERY OR CREMATORY: National Cemetery
24D. LOCATION (City, town, or county) (State): Baltimore, Md

DATE RECEIVED BY LOCAL REGISTRAR: DEC 21 1950
REGISTRAR'S SIGNATURE: Katie R. Williams
25. FUNERAL DIRECTOR: Mrs Katie R. Williams
ADDRESS: 3221 Schroeder St

7208A

77D

H+120

50-10896

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50-10896

Registered No.

1. NAME OF DECEASED (Type or Print): Effie W. Hobbs

2. DATE OF DEATH: Dec. 21, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Garrison Nursing Home
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 1904 Wilkins Ave.

20 03

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: March 6, 1876
9. AGE (In years last birthday): 74 — If Under 1 Year: Months: Days — If Under 24 Hours: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At home
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: John P. Wilson
14. MOTHER'S MAIDEN NAME: Anna B. Peoples
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Charles W. Hobbs — ADDRESS: 1904 Wilkins Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: ?

DUE TO

ANTECEDENT CAUSES

(B) Arteriosclerotic Cardio-Vascular Disease

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept. 15, 1950, *to* Dec. 21, 1950, *that I last saw the deceased alive on* Dec. 18, 1950, *and that death occurred at* 5:45 A *m., from the causes and on the date stated above.*

23A. SIGNATURE: Steve Langlois, M. D.
23B. ADDRESS: 4508 Edmondson Village
23C. DATE SIGNED: 12/21/50

24A. BURIAL, CREMATION, REMOVAL (Specify): Removal
24B. DATE: Dec. 21, 1950
24C. NAME OF CEMETERY OR CREMATORY: Fairview Cemetery
24D. LOCATION (City, town, or county) (State): Coatesville, Pa.

DATE RECEIVED BY LOCAL REGISTRAR: DEC 21 1950
REGISTRAR'S SIGNATURE: Fenton Fox Williams M.D.
25. FUNERAL DIRECTOR: Ullrich Funeral Home — ADDRESS: 2008 Orleans St.

VS 150

93D

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

L-516

50-10897

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 50-10897

1. NAME OF DECEASED (Type or Print): Katherine Leinweber

2. DATE OF DEATH: 12/19/50

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 37 S. Hilton St.
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 37 S. Hilton St.

20-06

5. SEX: Female
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widow
8. DATE OF BIRTH: June 15, 1869
9. AGE (In years last birthday): 81 — If Under 1 Year: Months, Days — If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At Home
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Germany
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: ? Hess
14. MOTHER'S MAIDEN NAME: Anna Marie Klose

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown):
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Mrs. Paul E. Rosewag, ADDRESS: 37 S. Hilton St

MEDICAL CERTIFICATION

18. 450.0

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Pyonephrosis — 6 months

DUE TO

ANTECEDENT CAUSES

(B) Chronic Urinary tract infection — Several Yrs

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C) Generalized Arteriosclerosis

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: None
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [ ] NO [X]

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* October 1, 1950, *to* Dec. 19, 1950, *that I last saw the deceased alive on* Dec. 18, 1950, *and that death occurred at* 6:30 Am., *from the causes and on the date stated above.*

23A. SIGNATURE: Harry A. Kurop M. D.
23B. ADDRESS: 3030 Edmondson Ave.
23C. DATE SIGNED: 12/19/50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12/22/50
24C. NAME OF CEMETERY OR CREMATORY: New Cathedral, 4300 Old Frederick Rd.
24D. LOCATION (City, town, or county) (State): Balto. 29, Md.

DATE RECEIVED BY LOCAL REGISTRAR: DEC 21 1950
REGISTRAR'S SIGNATURE: Beatrice Williams, M.D.
25. FUNERAL DIRECTOR: Harry A. Wittke
ADDRESS: 4101 Edmondson Ave.

VS 150

133a

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

H-536
50-10898
ND-144046
BIRTH NO.

CERTIFICATE CORRECTED 12-28-50

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50-10898
Registered No.

1. NAME OF DECEASED (Type or Print): HENDRIKSEN Mary ~~Henderickson~~ (~~HENDERICKSEN~~)

2. DATE OF DEATH: Dec.20,1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Baltimore City Hospitals 4940 Eastern Avenue
C. Length of stay in Baltimore: Life (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: Baltimore
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 7808 Eastern Avenue (24) 5300

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Aug.15,1878
9. AGE (In years last birthday): 72 — If Under 1 Year: Months Days — If Under 24 Hours: Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): —
10B. KIND OF BUSINESS OR INDUSTRY: At Home
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: John Wise
14. MOTHER'S MAIDEN NAME: Dorothy Frazier
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Records: ADDRESS: Baltimore City Hospitals 4940 Eastern Avenue

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cardiac failure ? — INTERVAL BETWEEN ONSET AND DEATH
Hypertensive Arteriosclerotic Cardiovascular Disease ?
(B) Terminal Pneumonia — 4 Days
DUE TO
(C)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

CERTIFICATION APPROVED BY William V. Booth M.D. CHIEF OR ASST. MEDICAL EXAMINER

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Intertrochanteric fracture of rt.Femur — 13 Days

19A. DATE OF OPERATION: 12-13-50
19B. MAJOR FINDINGS OF OPERATION: Reduction of rt.Hip Fracture& insertion of Blount Plate
20. AUTOPSY? YES ☐ NO ☒
21A. ACCIDENT WAS UNDERLYING ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): 7808 Eastern Avenue 5300
21D. TIME OF INJURY (Month) (Day) (Year) (Hour): 12-8-50 m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21F. HOW DID INJURY OCCUR? Fell Down Steps

22. *I hereby certify that I attended the deceased from* 12-8, 1950, *to* 12-20, 1950 *that I last saw the deceased alive on* 12-20, 1950, *and that death occurred at* 10:45am, *from the causes and on the date stated above.*

23A. SIGNATURE: H. Cogan M.D.
23B. ADDRESS: 4940 Eastern Avenue
23C. DATE SIGNED: 12-20-50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12/23/50
24C. NAME OF CEMETERY OR CREMATORY: Oak Lawn
24D. LOCATION (City, town, or county) (State): Eastern Ave. Md.

DATE RECEIVED BY LOCAL REGISTRAR: DEC 21 1950
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: John J. Connelly. ADDRESS: Essex 21, Md.

VS 150
To Be Approved By Medical Examiner
N-821.0
186a

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

235 L-356 CERTIFICATE CORRECTED 5-18-54

50-10899

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 50-10899

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Also Known as Anna M. Leitner — Anna Maria Lightner

2. DATE OF DEATH: Dec. 18-1950

3. PLACE OF DEATH: A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1811 N. Montford

C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission): A. STATE: Maryland B. COUNTY:

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 8 07

D. STREET ADDRESS (If rural, give location): 1811 N. Montford Ave.

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: Oct. 2-1900

9. AGE (In years last birthday): 50

If Under 1 Year: Months: Days

If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Charles Lightner Leitner

14. MOTHER'S MAIDEN NAME: Catherine Detzer

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 215-01-1734

17. INFORMANT: Eva Johnson — ADDRESS: 1811 N. Montford

MEDICAL CERTIFICATION

18. 163 X

CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Carcinoma Lung — INTERVAL BETWEEN ONSET AND DEATH: 5 mo

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: —

19B. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug, 19 50, *to* Dec 18, 19 50, *that I last saw the deceased alive on* Dec 18, 19 50, *and that death occurred at* 9 P m., *from the causes and on the date stated above.*

23A. SIGNATURE: J S Harding M. D.

23B. ADDRESS: 3805 Belair Rd

23C. DATE SIGNED: 12/20/50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial

24B. DATE: 12/22/50

24C. NAME OF CEMETERY OR CREMATORY: Holy Redeemer

24D. LOCATION (City, town, or county) (State): Balto Md

DATE RECEIVED BY LOCAL REGISTRAR: DEC 21 1950

REGISTRAR'S SIGNATURE: Lester Williams, M.D.

25. FUNERAL DIRECTOR: L. J. Ruck

ADDRESS: 5305 Harford Rd

VS 150

477

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Dr. Harding

C-416

50-10900

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT X

CERTIFICATE OF DEATH

Registered No. 50-10900

1. NAME OF DECEASED (Type or Print): Thomas Clifford

2. DATE OF DEATH: Dec 20, '50

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): THE JOHNS HOPKINS HOSPITAL
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: New Jersey
B. COUNTY: V-27
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Swedesboro
D. STREET ADDRESS (If rural, give location): 106 Railroad Ave.

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): — single
8. DATE OF BIRTH: 10-16-87
9. AGE (In years last birthday): 63 | If Under 1 Year: Months Days | If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Dyeworker
10B. KIND OF BUSINESS OR INDUSTRY: DuPont Dyes (M)
11. BIRTHPLACE (State or foreign country): New Jersey
12. CITIZEN OF WHAT COUNTRY? —

13. FATHER'S NAME: John Clifford
14. MOTHER'S MAIDEN NAME: Margaret Swift

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): no
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: THE JOHNS HOPKINS HOSPITAL ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Carcinoma of bladder — INTERVAL BETWEEN ONSET AND DEATH: 2 yrs.
DUE TO
(B)
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec. 14, 1950 *to* Dec. 20, 1950, *that I last saw the deceased alive on* Dec 20, 1950 *and that death occurred at* 3 55 P m., *from the causes and on the date stated above.*

23A. SIGNATURE: A. Page Harris M. D.
23B. ADDRESS: THE JOHNS HOPKINS HOSPITAL
23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify): Removal
24B. DATE: 12/21/50
24C. NAME OF CEMETERY OR CREMATORY: Old St. Joseph's Cem.
24D. LOCATION (City, town, or county) (State): Swedesboro, N. J.

DATE RECEIVED BY LOCAL REGISTRAR: DEC 27 1950
REGISTRAR'S SIGNATURE: [illegible] Williams
25. FUNERAL DIRECTOR: Wm. J. Pickney & Son
ADDRESS: Balto Md. 52B

VS 150

6904R

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be complete and correct. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

B 650
50-10901

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50-10901
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Bertha E. Brown

2. DATE OF DEATH: Dec. 19, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): South Baltimore General Hospital
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: Anne Arundel
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ferndale
D. STREET ADDRESS (If rural, give location): 115 Annapolis Rd.

5200

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: 12-26-1926
9. AGE (In years last birthday): 23
If Under 1 Year: Months Days
If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: At Home
11. BIRTHPLACE (State or foreign country): Baltimore Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Herbert Cuddle
14. MOTHER'S MAIDEN NAME: Madeline Richards

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service): ************
16. SOCIAL SECURITY NO.: *********
17. INFORMANT: William F. Brown ..... ADDRESS: Same.

MEDICAL CERTIFICATION

CAUSE OF DEATH

18. E812.4

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Fracture of skull, neck and pelvis

DUE TO

ANTECEDENT CAUSES

(B) Multiple abrasions and contusions

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21A. EXTERNAL CAUSE WAS UNDERLYING [X] OR CONTRIBUTING [ ] CAUSE OF DEATH.
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Road
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): Station Annapolis Rd.-1 block from Ferndale
21D. TIME OF INJURY (Month) (Day) (Year) (Hour): Dec. 19, 1950 9:30 P.m.
21E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]
21F. HOW DID INJURY OCCUR? Pedestrian struck by auto

5200

22. *I certify that I took charge of the remains described above, held an* Autopsy (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes [ ], accident [X], suicide [ ], homicide [ ], undetermined [ ].*

23A. SIGNATURE: Stanley K. Dunladen M.D.
23B. CHIEF MEDICAL EXAMINER [ ] ASSISTANT MEDICAL EXAMINER [X] MEDICAL INVESTIGATOR [ ]
23C. DATE SIGNED: Dec. 20. 1950

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: Dec 23/50
24C. NAME OF CEMETERY OR CREMATORY: Meadowridge Cemetery
24D. LOCATION (City, town, or county) (State): Dorsey..Maryland

DATE RECEIVED BY LOCAL REGISTRAR: DEC 21 1950
REGISTRAR'S SIGNATURE: [illegible]
25. FUNERAL DIRECTOR: F. B. Wippert Inc
ADDRESS: 1300 Eutaw Pl

VS 151 N 804.2 F.B.WIPPERT & SON Lz 170C

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

B-650

50-10902 N.R.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 50-10902

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Ronald D. BROWN

2. DATE OF DEATH: Dec. 19, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): South Baltimore General Hospital
c. Length of stay in Baltimore (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: Anne Arundel
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ferndale
D. STREET ADDRESS (If rural, give location): 115 Annapolis Rd.

5. SEX: male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: Sept. 8, 1947
9. AGE (In years last birthday): 3
If Under 1 Year: Months / Days
If Under 24 Hours: Hours / Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Child
10B. KIND OF BUSINESS OR INDUSTRY: At Home
11. BIRTHPLACE (State or foreign country): Baltimore Maryland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: William F. Brown
14. MOTHER'S MAIDEN NAME: Bertha E. Cuddle
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service): -------
16. SOCIAL SECURITY NO.: None
17. INFORMANT: William F. Brown ..... ADDRESS: same

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Fracture of neck

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21A. EXTERNAL CAUSE WAS UNDERLYING [X] OR CONTRIBUTING [ ] CAUSE OF DEATH.
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.): Road
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): Annapolis Rd.-1 block from Ferndale Station, Anne Arundel
21D. TIME OF INJURY (Month) (Day) (Year) (Hour): Dec. 19, 1950 9:30 P m.
21E. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [X]
21F. HOW DID INJURY OCCUR? Pedestrian struck by auto

22. *I certify that I took charge of the remains described above, held an* Autopsy (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes [ ], accident [X], suicide [ ], homicide [ ], undetermined [ ].*

23A. SIGNATURE: Stanley H. Dunlacker M.D.
23B. CHIEF MEDICAL EXAMINER [ ] ASSISTANT MEDICAL EXAMINER [X] MEDICAL INVESTIGATOR [ ]
23C. DATE SIGNED: Dec. 20, 1950

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: Dec 23-50
24C. NAME OF CEMETERY OR CREMATORY: Meadowridge Cem.
24D. LOCATION (City, town, or county) (State): Dorsey Md.

DATE RECEIVED BY LOCAL REGISTRAR: DEC 21 1950
REGISTRAR'S SIGNATURE: Hester Williams M.D.
25. FUNERAL DIRECTOR: F. B. Wippert & Son
ADDRESS: 170 C

VS 151 N 805.0

F.B.WIPPERT & SON.1300 Eutaw Place

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be correct age is especially important. Physicians: please write the causes of death clearly and legibly.

L-340
50-10903

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50-10903
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Robert B. Lytle
2. DATE OF DEATH: DEC 21, 1950
3. PLACE OF DEATH:
A. Baltimore City, Maryland THAYER 2.
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): THE JOHNS HOPKINS HOSPITAL
C. Length of stay in Baltimore: Yrs. Mos. Days
4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY: Baltimore
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): TOWSON 5300
D. STREET ADDRESS (If rural, give location): 123 E. SUSQUEHANNA AVE.
5. SEX: MALE
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: 10-27-94
9. AGE (in years last birthday): 56 | If Under 1 Year: Months Days | If Under 24 Hours: Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ACCOUNTANT
10B. KIND OF BUSINESS OR INDUSTRY: GAS & Elec. Co.
11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Robert J. Lytle
14. MOTHER'S MAIDEN NAME: GRACE W. WARFIELD
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): yes (If yes, give war or dates of service): W. W. I
16. SOCIAL SECURITY NO.: 212-05-2669
17. INFORMANT: THE JOHNS HOPKINS HOSPITAL ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Undiagnosed Pulmonary Disease — INTERVAL BETWEEN ONSET AND DEATH: 6 wks
DUE TO
ANTECEDENT CAUSES
(B)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
DUE TO
(C)

(over)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

490X

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]
21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-13-, 1950, to 12-21-, 1950, that I last saw the deceased alive on 12-21-, 1950, and that death occurred at 12:40 p.m., from the causes and on the date stated above.

23A. SIGNATURE: Charles M. Smith M. D.
23B. ADDRESS: THE JOHNS HOPKINS HOSPITAL
23C. DATE SIGNED: 12/21/50
24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12/23/50
24C. NAME OF CEMETERY OR CREMATORY: Moreland Park Cemetery
24D. LOCATION (City, town, or county) (State): Parkville, Md.
DATE RECEIVED BY LOCAL REGISTRAR: DEC 21 1950
REGISTRAR'S SIGNATURE: [illegible] Williams, M.D.
25. FUNERAL DIRECTOR: Wm. Cook, Inc. ADDRESS: 1217 St. Paul St.

VS 150

0005E

108

Dr. Simms

Do NOT copy for transcripts --- for statistical purposes only !

When autopsy findings become available, may we be further advised in regard underlying cause of death, please?

PROVISIONAL ANATOMICAL DIAGNOSIS:

Bilateral lower lobe pneumonia(?aspiration). Bullous emphysema. Bilateral hydrothorax. Congestion, liver and spleen. Generalized arteriosclerosis. (?) arteriosclerotic nephritis. Calcification, right aortic valve cusp. Left brachail plexus tumor (ulnar nerve). ? early pericarditis. Hydropericardium.

See Document File 50-10903 1/19/1951 ES

W-230
50-10904

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 50-10904

1. NAME OF DECEASED (Type or Print): Harry R. West

2. DATE OF DEATH: Dec. 19, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 607 Brookwood Road
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 607 Brookwood Road

28-04

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: August 15, 1884
9. AGE (In years last birthday): 66 — If Under 1 Year: Months, Days; If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Manager - Wholesale Tobacco
10B. KIND OF BUSINESS OR INDUSTRY: F. A. Davis
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Levin T. West
14. MOTHER'S MAIDEN NAME: Anna Furness

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): no
(If yes, give war or dates of service): --
16. SOCIAL SECURITY NO.
17. INFORMANT: Mrs. Effie West
ADDRESS: 607 Brookwood Road

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Pulmonary edema 193X
DUE TO
(B) Brain tumor, malignant
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: Aug. 26, 1950
19B. MAJOR FINDINGS OF OPERATION: Subtemporal decompression, left Brain tumor - increased intracranial pressure
19C. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* November 19 50 *to* December 19 50, *that I last saw the deceased alive on* Dec. 19 19 50, *and that death occurred at* 5:45 p.m., *from the causes and on the date stated above.*

23A. SIGNATURE: Richard S. Corbett M. D.
23B. ADDRESS: The Latrobe, Chas. & Read Sts. Baltimore, Md.
23C. DATE SIGNED: 12/21/50

24A. BURIAL, CREMATION, REMOVAL (Specify): burial
24B. DATE: 12/22/50
24C. NAME OF CEMETERY OR CREMATORY: St. Mary's
24D. LOCATION (City, town, or county) (State): Silver Run, Carroll County, Md.

DATE RECEIVED BY LOCAL REGISTRAR: DEC 21 1950
REGISTRAR'S SIGNATURE: Winston Williams, M.D.
25. FUNERAL DIRECTOR: Wm. Cook Inc.
ADDRESS: 1217 St. Paul Street

VS 150

Coblentz 290 68

54B

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

L-000 50-10906

50-10906

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

BIRTH NO. 50-27599

1. NAME OF DECEASED (Type or Print): BABY LEE

2. DATE OF DEATH: 12-19-50

3. PLACE OF DEATH: A. Baltimore City, Maryland — Balto. Md

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1947 Edmondson St

C. Length of stay in Baltimore: 5 hrs (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Balto
B. COUNTY: Md
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Balto — 20-01
D. STREET ADDRESS (If rural, give location): 1947 Edmondson Ave

5. SEX: F

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify):

8. DATE OF BIRTH: 12-19-50

9. AGE (In years last birthday): If Under 1 Year: Months: Days: If Under 24 Hours: Hours: 5 Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): —

10B. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Balto Md —

12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Jonnett Budd

14. MOTHER'S MAIDEN NAME: Jean Lee

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): —
(If yes, give war or dates of service): —

16. SOCIAL SECURITY NO.: —

17. INFORMANT: Jean Lee — ADDRESS: 1947 Edmondson

MEDICAL CERTIFICATION

18. 776x

CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Premature - 3½ lbs

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION: None

19B. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify): —

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Dec 2 *, 19__, to* Dec 19 *, 19* 50 *, that I last saw the deceased alive on* Dec. 19 *, 19* 50 *, and that death occurred at* 5a *.m., from the causes and on the date stated above.*

23A. SIGNATURE: [signature] M. D.

23B. ADDRESS: 1723 Druid Hill Ave

23C. DATE SIGNED: 12-19-50

24A. BURIAL, CREMATION, REMOVAL (Specify):

24B. DATE:

24C. NAME OF CEMETERY OR CREMATORY:

24D. LOCATION (City, town, or county) (State):

UNIVERSITY MEDICAL SCHOOL DEC 21 1950

DATE RECEIVED BY LOCAL REGISTRAR: DEC 22 1950

REGISTRAR'S SIGNATURE: [signature]

25. FUNERAL DIRECTOR:

Commissioner of Health

ADDRESS:

VS 150

159

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

S-634

50-10905

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X Registered No. 50-10905

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Elizabeth Schertle

2. DATE OF DEATH: Dec. 20, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): THE JOHNS HOPKINS HOSPITAL
C. Length of stay in Baltimore — Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A. STATE: Md
B. COUNTY: Baltimore
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Dundalk 5200
D. STREET ADDRESS (If rural, give location): 11 Lombardy Dr.

5. SEX: female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): ✓
8. DATE OF BIRTH: 8-29-78
9. AGE (In years last birthday): 72 — If Under 1 Year: Months, Days — If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country):
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John Babo
14. MOTHER'S MAIDEN NAME: Agnes Doubledge

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown):
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: ADDRESS: THE JOHNS HOPKINS HOSPITAL

MEDICAL CERTIFICATION

CAUSE OF DEATH

18. 152X

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Pulmonary embolism — INTERVAL BETWEEN ONSET AND DEATH: 18 hours

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Carcinoma of jejunum

19A. DATE OF OPERATION: ?
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ✓ NO

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12/19, 1950 *to* 12/20, 1950, *that I last saw the deceased alive on* 12/20, 1950 *and that death occurred at* 12 noon, *from the causes and on the date stated above.*

23A. SIGNATURE: N. D. Landard, M. D.
23B. ADDRESS: THE JOHNS HOPKINS HOSPITAL
23C. DATE SIGNED:

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: Dec. 25/50
24C. NAME OF CEMETERY OR CREMATORY: Balto. Cem.
24D. LOCATION (City, town, or county) (State): Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR: DEC 21 1950
REGISTRAR'S SIGNATURE: [illegible]
25. FUNERAL DIRECTOR: 2334 Jefferson St. John A. Miller
ADDRESS:

46E

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

S-155

50-10907

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 50-10907

1. NAME OF DECEASED (Type or Print): MEYER SHIFFMAN

2. DATE OF DEATH: 12-21-50

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sinai
C. Length of stay in Baltimore: 45 Yrs. ~~Mos.~~ ~~Days~~

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY: 27 18
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 1741 Nelson Ave

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH:
9. AGE (In years last birthday): 75 — If Under 1 Year: Months: Days: — If Under 24 Hours: Hours: Min.:
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10B. KIND OF BUSINESS OR INDUSTRY: Teacher
11. BIRTHPLACE (State or foreign country): Russia
12. CITIZEN OF WHAT COUNTRY?:
13. FATHER'S NAME: Samuel
14. MOTHER'S MAIDEN NAME: not known
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown):
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Rose Shiffman — ADDRESS: Same

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) 420.1 Pulmonary Edema

DUE TO

(B) Myocardial Infarct

DUE TO

(C) A S H D (Arteriosclerotic Heart Disease)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 12-13, 1950, *to* 12-21, 1950, *that I last saw the deceased alive on* 12-21, 1950, *and that death occurred at* 11 a m., *from the causes and on the date stated above.*

23A. SIGNATURE: William Burgess Bond M.D.
23B. ADDRESS: Sinai Hospital
23C. DATE SIGNED: 12-21-50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12-22-50
24C. NAME OF CEMETERY OR CREMATORY: Rosedale
24D. LOCATION (City, town, or county): Balto — (State): Md

DATE RECEIVED BY LOCAL REGISTRAR: DEC 22 1950
REGISTRAR'S SIGNATURE:
25. FUNERAL DIRECTOR: Jack Lewis Inc — ADDRESS: 2100 Eutaw Pl

VS 150

93D

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

B-653 50-10908

50-10908

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

BIRTH NO. 50-27248

1. NAME OF DECEASED (Type or Print): Sidney Abed Burnette Jr. III

2. DATE OF DEATH: 12/15/50

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Provident Hospital
C. Length of stay in Baltimore: Yrs. 1 Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 1829 N. Mount St.

5. SEX: M
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify):
8. DATE OF BIRTH: 12/14/50
9. AGE (In years last birthday): If Under 1 Year: Months: Days: 1; If Under 24 Hours: Hours: Min.:
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Baltimore Md.
12. CITIZEN OF WHAT COUNTRY?:
13. FATHER'S NAME: Sidney Abed Burnette, Jr.
14. MOTHER'S MAIDEN NAME: Vivien Louise Francis
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown):
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Mother
ADDRESS: 1829 N. Mount St.

MEDICAL CERTIFICATION

18. 776 X

CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Prematurity

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?:

22. I hereby certify that I attended the deceased from 12/14 1950, to 12/15, 1950, that I last saw the deceased alive on 12/15 1950, and that death occurred at 9:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE: Charles F. Wells M. D.
23B. ADDRESS: 861 Madison Ave
23C. DATE SIGNED: 12-16-50

24A. BURIAL, CREMATION, REMOVAL (Specify):
24B. DATE:
24C. NAME OF CEMETERY OR CREMATORY:
24D. LOCATION (City, town, or county) (State):

UNIVERSITY MEDICAL SCHOOL DEC 20 1950

DATE RECEIVED BY LOCAL REGISTRAR: DEC 22 1950
REGISTRAR'S SIGNATURE:
25. FUNERAL DIRECTOR:
ADDRESS:

Commissioner of Health

VS 150

159

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

L535 ********** BALTIMORE CITY DEPARTMENT HEALTH **********

////// [redacted] DEPARTMENT OF HEALTH

50-10909

50-10909

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH · COUNTY: MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Md. COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore — LENGTH OF STAY (in this place):	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 1719 E. 35th St.	STREET ADDRESS (If rural, give location): 1719 E. 35th St.

3. NAME OF DECEASED (Type or Print)	(First) JULIUS	(Middle) G.	(Last) LINDENSTRUTH	4. DATE OF DEATH	(Month) Dec.	(Day) 19	(Year) 1950	
5. SEX: male	6. COLOR OR RACE: white	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married	8. DATE OF BIRTH: Aug. 29, 1901	9. AGE last birthday: 49 yrs.	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Distr. Mgr.	10b. KIND OF BUSINESS OR INDUSTRY: Commercial Refrigeration	11. BIRTHPLACE (State or foreign country): Maryland		12. CITIZEN OF WHAT COUNTRY?				
13. FATHER'S NAME: Peter Lindenstruth		14. MOTHER'S MAIDEN NAME: Martha						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: 213-10-0347		17. INFORMANT AND ADDRESS: Mrs. Lillian Lindenstruth-1719 E. 35th				

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

4201

Immediate cause (a) Coronary Thrombosis, massive — Sudden

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Coronary Heart Disease — 2 yrs

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept, 1950, to Dec, 1950, that I last saw the deceased alive on Dec 19, 1950, and that death occurred at 2 P. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
J. Ralph Harley M.D.		Churchville Md	Dec 21 1950

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	12/23/50	Parkwood Cem.	Balto., Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
DEC 22 1950	[illegible] Baltimore Md	Wm J. Tickner & Sons	Balto Md.

2906H 94a

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age especially important. Physicians: please write the causes of death clearly and legibly.

T-512

50-10910

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50-10910

Registered No.

1. NAME OF DECEASED (Type or Print): FRANK TENDER THOMPSON

2. DATE OF DEATH: Dec. 20, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland 3032 Gwynn Falls Pkwy
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 00
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY
C. CITY OR TOWN (If outside corporate limits write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 3032 Gwynn Falls Pkwy

15-37

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: June 19, 1893
9. AGE (In years last birthday): 57
If Under 1 Year: Months Days
If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Salesman
10B. KIND OF BUSINESS OR INDUSTRY: Insurance
11. BIRTHPLACE (State or foreign country): Va.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Mayfield Thompson
14. MOTHER'S MAIDEN NAME: Amelia Tender

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): World I
(If yes, give war or dates of service): World I
16. SOCIAL SECURITY NO.: 216-10-8697
17. INFORMANT: Mrs. Ann M. Thompson
ADDRESS: 3032 Gwynns Falls Pkwy

MEDICAL CERTIFICATION

18. 442x

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Coronary Sclerosis — Sudden

DUE TO

ANTECEDENT CAUSES

(B) Hypertensive Cardio Vascular Renal Disease — 3 yrs

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: None
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July, 1947 *to* Dec 20, 1950, *that I last saw the deceased alive on* Dec 19, 1950 *and that death occurred at* 10 *m., from the causes and on the date stated above.*

23A. SIGNATURE: Paul M. Byerly M. D.
23B. ADDRESS: 3033 W North Ave
23C. DATE SIGNED: 12/21/50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12/22/50
24C. NAME OF CEMETERY OR CREMATORY: Baltimore National Cem.
24D. LOCATION (City, town, or county) (State): Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR: DEC 22 1950
REGISTRAR'S SIGNATURE:
25. FUNERAL DIRECTOR: Wm. J. Tickner & Sons Inc.
ADDRESS: Balto Md.

VS 150

(Paul M. Byerly MD)

45073

131a

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

S-426 Schlosser

50-10911

CERTIFICATE CORRECTED 12-28-50

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X 50-10911

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): DR. ROGER STONEBORAKER SCHLOSSER

2. DATE OF DEATH: 12-21-50

3. PLACE OF DEATH:
A. Baltimore City, Maryland — Bon Secour Hosp.
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bon Secours Hospital
C. Length of stay in Baltimore: Yrs. 34 Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A. STATE: Md.
B. COUNTY: Washington
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hagerstown R.F.D.
D. STREET ADDRESS (If rural, give location): Raven Woods Hgts. 7103

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Oct. 3, 1892
9. AGE (In years last birthday): 58 — If Under 1 Year: Months, Days — If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Dentist
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Hagerstown, Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Victor T. Schlosser
14. MOTHER'S MAIDEN NAME: Iola Stoneborakur.

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Mrs. Jane Henson, ADDRESS: Smithsburg, Md. R #2

MEDICAL CERTIFICATION

18. 332X

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Cerebral Thrombosis
DUE TO

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B)
DUE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 2
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19__, to _____, 19__, that I last saw the deceased alive on _____, 19__, and that death occurred at _____ m., from the causes and on the date stated above.*

23A. SIGNATURE: John A. Sarno M. D.
23B. ADDRESS: Bon Secour Hosp.
23C. DATE SIGNED: 12-22-50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12/24/50
24C. NAME OF CEMETERY OR CREMATORY: Rose Hill
24D. LOCATION (City, town, or county) (State): Hagerstown Md

DATE RECEIVED BY LOCAL REGISTRAR: DEC 22 1950
REGISTRAR'S SIGNATURE: [illegible] Williams, M.D.
25. FUNERAL DIRECTOR: A K Coffman
ADDRESS: Hagerstown Md.

VS 150

03285

83 R

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be supplied. Note correct age is especially important. Physicians: please write the causes of death clearly and legibly.

B-626
50-10912

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 50-10912

BIRTH NO.

1. NAME OF DECEASED (Type or Print): MARGARET BERGER

2. DATE OF DEATH: DEC 21, 1950 ~~JUNE~~ 1879

3. PLACE OF DEATH:
A. Baltimore City, Maryland: Balto City
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): FRANKLIN SQUARE HOSP.
c. Length of stay in Baltimore (Yrs. Mos. Days): life

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY: BALTO. CITY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ~~5525~~ BALTIMORE 26-04
D. STREET ADDRESS (If rural, give location): 5525 BELAIR Rd.

5. SEX: FEMALE
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify):
8. DATE OF BIRTH: JUNE 1879
9. AGE (In years last birthday): 71
If Under 1 Year: Months: Days: If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): at home
10B. KIND OF BUSINESS OR INDUSTRY: own home
11. BIRTHPLACE (State or foreign country): MARYLAND.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: WILLIAM Ashauer
14. MOTHER'S MAIDEN NAME: MARGARET ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): NO
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Mrs. F. J. Runge
ADDRESS: 6003 Belair Rd.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) MYOCARDIAL INFARCTION — INTERVAL BETWEEN ONSET AND DEATH: 15 min.
DUE TO
(B) CORONARY SCLEROSIS. — Not known.
DUE TO
(C) GENERALIZED ARTERIOSCLEROSIS

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. CEREBRAL THROMBOSIS. — 2 MOS.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov 16, 1950 *to* Dec 21, 1950 *that I last saw the deceased alive on* Dec. 21, 1950, *and that death occurred at* 10 A m., *from the causes and on the date stated above.*

23A. SIGNATURE: John W. Durand M.D.
23B. ADDRESS: Franklin Square Hosp.
23C. DATE SIGNED: Dec 21, 1950

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12/26/50
24C. NAME OF CEMETERY OR CREMATORY: Parkwood
24D. LOCATION (City, town, or county) (State): Balto. Md

DATE RECEIVED BY LOCAL REGISTRAR: DEC 22 1950
REGISTRAR'S SIGNATURE: [illegible]
25. FUNERAL DIRECTOR: Lansdale Funeral Home
ADDRESS: 4401 Belair Rd.

VS 150

94a

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given if supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

T-400 50-10913

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 50-10913

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Herman F. Toelle

2. DATE OF DEATH: Dec. 20, 1950

3. PLACE OF DEATH: A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): South Baltimore Gen. Hospital D.O.A.

C. Length of stay in Baltimore: Life (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 20-05
D. STREET ADDRESS (If rural, give location): 2533 Frederick Ave.

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Jan. 1, 1892
9. AGE (In years last birthday): 58 — If Under 1 Year: Months: Days: 11 19 — If Under 24 Hours: Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clerk
10B. KIND OF BUSINESS OR INDUSTRY: Enterprise Electric Elec. Repairs
11. BIRTHPLACE (State or foreign country): Baltimore
12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Charles F. Toelle
14. MOTHER'S MAIDEN NAME: Augusta Hartung

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): no (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.:
17. INFORMANT: Minnie Ehman, ADDRESS: 2533 Frederick Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) 410X

(A) Cerebral Accident

DUE TO Mitral Stenosis — 4 yrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO Thyrotoxacosis — 4 yrs

(C) Heart Failure — 3 mos.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Diabetes Mellitus, Chronic Nephritis — 3 yrs.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept., 1946, *to* Dec. 20, 1950 *that I last saw the deceased alive on* Dec. 16, 1950 *and that death occurred at* 8:20 A m., *from the causes and on the date stated above.*

23A. SIGNATURE: Isadore Kaplan M.D. M. D.
23B. ADDRESS: 3314 Marnat Rd.
23C. DATE SIGNED: 12-21-50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: Dec. 23, 1950
24C. NAME OF CEMETERY OR CREMATORY: London Park
24D. LOCATION (City, town, or county) (State): Baltimore

DATE RECEIVED BY LOCAL REGISTRAR: DEC 22 1950
REGISTRAR'S SIGNATURE:
25. FUNERAL DIRECTOR: Frederick A. Cole
ADDRESS: 1913 W. Baltimore St.

VS 150

39084 61

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

222 50-10914

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 50-10914

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Miss Mary Kosakowski

2. DATE OF DEATH: 12-21-50

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bon Secours Hospital.
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Balto.
D. STREET ADDRESS (If rural, give location): 434 S Bond St.

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: 7-19-98
9. AGE (In years last birthday): 52
If Under 1 Year: Months Days
If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housekeeper
10B. KIND OF BUSINESS OR INDUSTRY: CAFE
11. BIRTHPLACE (State or foreign country): Poland.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Peter Kozakowski
14. MOTHER'S MAIDEN NAME: Rose ? unknown.

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give wer or dates of service)
16. SOCIAL SECURITY NO.: 213-20-6126
17. INFORMANT: Leon Kozakowski
ADDRESS: 434 S. Bond st

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Coronary insufficiency

DUE TO

(B) Arteriosclerotic c.v.d.

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12-4, 1950, *to* 12-21, 1950, *that I last saw the deceased alive on* 12-21, 1950 *and that death occurred at* 4.50 a.m., *from the causes and on the date stated above.*

23A. SIGNATURE: [illegible] M. D.
23B. ADDRESS: Bon Secours Hospital
23C. DATE SIGNED: 12-21-50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: Dec 26-1950
24C. NAME OF CEMETERY ~~OR CREMATORY~~: Holy Rosary
24D. LOCATION (City, town, or county) (State): Baltimore Co Md.

DATE RECEIVED BY LOCAL REGISTRAR: DEC 22 1950
REGISTRAR'S SIGNATURE: [illegible] Williams, M.D.
25. FUNERAL DIRECTOR: George A. Weber
ADDRESS: 705 S Ann st

VS 150

720 6M

93D

S-562. 50-10915

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50-10915

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): WILLIAM THOMAS SMYRK

2. DATE OF DEATH: Dec. 21, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 4108 Barrington Rd.
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 15-10
D. STREET ADDRESS (If rural, give location): 4108 Barrington Rd.

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: May 21, 1869
9. AGE (In years last birthday): 81 — If Under 1 Year: Months, Days — If Under 24 Hours: Hours, Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Inspector (rtd)
10B. KIND OF BUSINESS OR INDUSTRY: Municipal Bureau of Highways
11. BIRTHPLACE (State or foreign country): --
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Mawson J. Smyrk
14. MOTHER'S MAIDEN NAME: Elizabeth Parslow
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): -none (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Mr. Ellwood Smyrk — ADDRESS: 4108 Barrington Rd.

MEDICAL CERTIFICATION

18. 422.1

CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 3 days

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Arterio-Sclerosis

DUE TO

(C) Cardio-Vascular Disease — 3 yrs.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. -

19A. DATE OF OPERATION: None
19B. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May - 27, 1949, *to* Dec. 21, 1950, *that I last saw the deceased alive on* Dec. 21, 1950, *and that death occurred at* 10.45 P. m., *from the causes and on the date stated above.*

23A. SIGNATURE: Earl L. Chambers M. D.
23B. ADDRESS: 4108 Liberty Hts.
23C. DATE SIGNED: 12/22/50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12/23/50
24C. NAME OF CEMETERY OR CREMATORY: Loudon Park
24D. LOCATION (City, town, or county) (State): Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR: DEC 22 1950
REGISTRAR'S SIGNATURE: Huntington Williams M.D.
25. FUNERAL DIRECTOR: Wm. J. Pickner & Sons
ADDRESS: 93D Md.

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

K520
50-10916

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50-10916

1. NAME OF DECEASED (Type or Print): Mr Seba D King

2. DATE OF DEATH: Dec 21-1950

3. PLACE OF DEATH: A. Baltimore City, Maryland ✓

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Lutheran Hosp. of Md.

C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Balto. 11-01
D. STREET ADDRESS (If rural, give location): 1317 N. Calvert St.

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): M
8. DATE OF BIRTH: 8/2/1878
9. AGE (In years last birthday): 72
If Under 1 Year: Months Days
If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Proprietor (Retired)
10B. KIND OF BUSINESS OR INDUSTRY: Confectionery (R)
11. BIRTHPLACE (State or foreign country): N Carolina
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John King
14. MOTHER'S MAIDEN NAME: Lucy Jones

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.
17. INFORMANT: Stella King
ADDRESS: 1317 N. Calvert St

MEDICAL CERTIFICATION

18. 502.0

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Pulmonary Emphysema — yrs

DUE TO

ANTECEDENT CAUSES
(B) Chronic Bronchitis — yrs

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: ✗
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec. 4, 1950, *to* Dec. 21, 1950 *that I last saw the deceased alive on* Dec. 21, 1950, *and that death occurred at* 4 05 P *m., from the causes and on the date stated above.*

23A. SIGNATURE: M Edwards M. D.
23B. ADDRESS: Lutheran Hosp. of Md.
23C. DATE SIGNED: 12-21-50

24A. BURIAL, ~~CREMATION, REMOVAL~~ (Specify): Burial
24B. DATE: 12/23/50
24C. NAME OF CEMETERY OR CREMATORY: Meadow Ridge
24D. LOCATION (City, town, or county) (State): Dorsey Md.

DATE RECEIVED BY LOCAL REGISTRAR: DEC 22 1950
REGISTRAR'S SIGNATURE:
25. FUNERAL DIRECTOR: Wm Cook Inc.
ADDRESS: 1217 St. Paul St.

VS 150

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be complete if any supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

T-656

50-10917

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50-10917
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Mrs. Emma Turner

2. DATE OF DEATH: 12/21/50

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mercy Hospital
C. Length of stay in Baltimore: Yrs. Mos. Days: Life

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY: Baltimore
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 1115 Valley St. 10-01

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: 4/10/78
9. AGE (In years last birthday): 72 — If Under 1 Year: Months / Days — If Under 24 Hours: Hours / Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: John Boone
14. MOTHER'S MAIDEN NAME: Harriet Sutter
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Hosp. Adm. Sheet — ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

332X

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Cerebral thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 3 weeks
DUE TO
(B)
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.
Diabetes Mellitus — 8 years

19A. DATE OF OPERATION: None
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12/21, 1950, *to* 12/21, 1950, *that I last saw the deceased alive on* 12/21, 1950, *and that death occurred at* 3:03 p.m., *from the causes and on the date stated above.*

23A. SIGNATURE: Charles R. Island M. D.
23B. ADDRESS: Mercy Hosp.
23C. DATE SIGNED: 12/21/50

24A. BURIAL, ~~CREMATION, REMOVAL~~ (Specify): Burial
24B. DATE: 12/23/50
24C. NAME OF CEMETERY ~~OR CREMATORY~~: Lorraine
24D. LOCATION (City, town, or county) (State): Balto. Co. Md

DATE RECEIVED BY LOCAL REGISTRAR:
REGISTRAR'S SIGNATURE:
25. FUNERAL DIRECTOR: Wm Cook Inc. — ADDRESS: 1217 St. Paul St

DEC 23 1950

VS 150

Thomas J. Williams, M.D.

61

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given if any is supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

50-10918

412

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 50-10918

F-

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. NAME OF DECEASED (Type or Print): Filipkowski, Alexander Leon

2. DATE OF DEATH: December 20, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR ~~INSTITUTION~~ (If not in hospital or institution, give street address or location): St. Joseph's Hospital
C. Length of stay in Baltimore: Life (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 2-03
D. STREET ADDRESS (If rural, give location): 1615 Shakespeare St.

5. SEX: M.
6. COLOR OR RACE: W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Aug. 25 - 1912
9. AGE (In years last birthday): 38
If Under 1 Year: Months: Days: If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10B. KIND OF BUSINESS OR INDUSTRY: Revere Copper & Brass
11. BIRTHPLACE (State or foreign country): Baltimore
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME (M): Joseph Filipkowski
14. MOTHER'S MAIDEN NAME: Margaret Dragowski

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown):
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 215-10-0075
17. INFORMANT: Theresa Filipkowski ADDRESS: 1615 Shakespeare St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Coronary thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 24 hrs

DUE TO coronary artery disease

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* December 19, 1950, *to* December 20, 1950, *that I last saw the deceased alive on* Dec. 20, 1950, *and that death occurred at* 6:15 p.m., *from the causes and on the date stated above.*

23A. SIGNATURE: Thaddeus Suminski M. D.
23B. ADDRESS: 1400 N. Caroline St.
23C. DATE SIGNED: Dec. 20, 1950

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: Dec. 26-1950
24C. NAME OF CEMETERY OR CREMATORY: Holy Rosary
24D. LOCATION (City, town, or county): Balto. Co. (State): Md.

DATE RECEIVED BY LOCAL REGISTRAR: DEC 22 1950
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
25. FUNERAL DIRECTOR: Wm. S. Fialkowski
ADDRESS: 2007 Eastern Ave

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W-650 50-10919

50-10919

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): STEPHEN WARREN

2. DATE OF DEATH: 12/18-1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Baltimore City Hospitals 4940 Eastern Ave
C. Length of stay in Baltimore: 45yrs (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 2210 Severn St. 2543

5. SEX: Male
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: April 27, 1884
9. AGE (In years last birthday): 66
If Under 1 Year: Months: 8 Days:
If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mechanic
10B. KIND OF BUSINESS OR INDUSTRY: Automobiles (Repair)
11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Henry Warren
14. MOTHER'S MAIDEN NAME: Mildred ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.:
17. INFORMANT: Balto. City Hospitals Records: ADDRESS: 4940 Eastern Ave

MEDICAL CERTIFICATION

18. 022X

CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Ruptured Aortic Aneurysm — INTERVAL BETWEEN ONSET AND DEATH: 5 min.

DUE TO

ANTECEDENT CAUSES

(B) Syphilitic Aortitis — 1½ years

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Congestive Heart Failure — 2 wks.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12/11, 1950 *to* 12/18-, 1950 *that I last saw the deceased alive on* 12/18, 1950 *and that death occurred at* 2.15P *m., from the causes and on the date stated above.*

23A. SIGNATURE: P. S. Rogers M. D.
23B. ADDRESS: 4940 Eastern Ave
23C. DATE SIGNED: 12-20-1950

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12/23/50
24C. NAME OF CEMETERY OR CREMATORY: Mt Auburn
24D. LOCATION (City, town, or county) (State): Balto Md

DATE RECEIVED BY LOCAL REGISTRAR: DEC 22 1950
REGISTRAR'S SIGNATURE: Christopher Williams M.D.
25. FUNERAL DIRECTOR: Charles Cofer
ADDRESS: 512 Cancelar Ave.

VS 150

DEC 22 1950

55083

30D

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be correct if supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

R-425 50-10920

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 50-10920

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Oliver Allison

2. DATE OF DEATH: 12/19/1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland Balto. City
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 220 North Wolfe Street
C. Length of stay in Baltimore 8 Yrs. (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore City 6-04
D. STREET ADDRESS (If rural, give location): 220 north Wolfe Street

5. SEX: Male
6. COLOR OR RACE: Col.
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 10/8/1908
9. AGE (In years last birthday): 42
If Under 1 Year: Months Days
If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Porter
10B. KIND OF BUSINESS OR INDUSTRY: Industrial Plant BLDG. MANAGEMENT
11. BIRTHPLACE (State or foreign country): Charlotte N.C.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Allison
14. MOTHER'S MAIDEN NAME: Mary Jones

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Isabelle Allison
ADDRESS: 220 N. Wolfe St

MEDICAL CERTIFICATION

18. 420.1

CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 1 hour

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Myocarditis

DUE TO

(C) Hypertension

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7/19, 1950, *to* 12/19, 1950, *that I last saw the deceased alive on* 12/19, 1950, *and that death occurred at* 11.25 A m., *from the causes and on the date stated above.*

23A. SIGNATURE: Allison R. Rafford M. D.
23B. ADDRESS: 822 N. Bond St
23C. DATE SIGNED: 12/21/50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12/24/1950
24C. NAME OF CEMETERY OR CREMATORY: Jones Cem.
24D. LOCATION (City, town, or county) (State): N.C.

DATE RECEIVED BY LOCAL REGISTRAR: DEC 22 1950
REGISTRAR'S SIGNATURE
25. FUNERAL DIRECTOR: Elroy O. Wilson
ADDRESS: 1000 Brantley Rd

VS 150

780 74 937

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

W-300

50-10921

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50-10921

Registered No.

1. NAME OF DECEASED (Type or Print): GEORGE WOOD

2. DATE OF DEATH: December 21, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Maryland General Hospital
c. Length of stay in Baltimore — Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 517 Cathedral Street 11-02

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH
9. AGE (In years last birthday): 64 — If Under 1 Year: Months, Days — If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10B. KIND OF BUSINESS OR INDUSTRY: UNKNOWN
11. BIRTHPLACE (State or foreign country): Balto Md
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: not known
14. MOTHER'S MAIDEN NAME: not known

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Free Burial Assn. — ADDRESS

MEDICAL CERTIFICATION

18. 260X

CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Arteriosclerotic cardiovascular disease

DUE TO

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Diabetes mellitus

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* Inquiry & Inspection (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☒, *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

23A. SIGNATURE: Stanley H. Dunscombe M.D.
23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR ☐
23C. DATE SIGNED: Dec. 22, 1950

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12-22-50
24C. NAME OF CEMETERY OR CREMATORY: Oheb Sholom
24D. LOCATION (City, town, or county) (State): Balto Md

DATE RECEIVED BY LOCAL REGISTRAR
REGISTRAR'S SIGNATURE
25. FUNERAL DIRECTOR: Jack Lewis Inc — ADDRESS: 2100 Eutaw Pl

VS C51 2 21950

61

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

B-520

BIRTH NO. 50-10922

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 50-10922

1. NAME OF DECEASED (Type or Print): JOHN BONHACH

2. DATE OF DEATH: December 20, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Johns Hopkins Hospital
c. Length of stay in Baltimore (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 7-21
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 2918 E. Madison Street

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: June 8, 1866
9. AGE (In years last birthday): 84 — If Under 1 Year: Months / Days — If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): retired - laborer
10B. KIND OF BUSINESS OR INDUSTRY: Windsor Ser.Sta.
11. BIRTHPLACE (State or foreign country): Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY? U S

13. FATHER'S NAME: George Bonhach
14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Mrs. L.C.Barrington, ADDRESS: 2918 E. Madison St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Generalized arteriosclerosis — 331 X

DUE TO

ANTECEDENT CAUSES

(B) Pontine hemorrhage

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21A. EXTERNAL CAUSE WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH.
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* Autopsy (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* [X], *accident* [ ], *suicide* [ ], *homicide* [ ], *undetermined* [ ].

23A. SIGNATURE: R S Fisher M.D.
23B. CHIEF MEDICAL EXAMINER [ ] ASSISTANT MEDICAL EXAMINER [X] MEDICAL INVESTIGATOR [ ]
23C. DATE SIGNED: Dec. 21, 1950

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: Dec. 23, 1950
24C. NAME OF CEMETERY OR CREMATORY: Parkwood Cemetery
24D. LOCATION (City, town, or county) (State): 3310 Taylor Ave. Balto.Md.

DATE RECEIVED BY LOCAL REGISTRAR
REGISTRAR'S SIGNATURE
25. FUNERAL DIRECTOR: Schimunek Funeral Home, Inc. ADDRESS: 2601-3-5 E. Madison St.

V.S. 151

DEC 22 1950

83a

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be correct if supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

C-200

50-10923

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50-10923

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Elizabeth B. Cox

2. DATE OF DEATH: Dec. 19, 1950

3. PLACE OF DEATH: A. Baltimore City, Maryland 2922 Silver Hill Ave

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

C. Length of stay in Baltimore: 19 years. (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY: Balto.
C. CITY OR TOWN (If outside corporate limits, write R.F.D. and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 2922 Silver Hill Ave

28-07

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: July 21/11
9. AGE (In years last birthday): 39
If Under 1 Year: Months / Days
If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Frederick Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Stephen Bennett
14. MOTHER'S MAIDEN NAME: Elizabeth Tyson

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Mr. Glen Cox ADDRESS: 2922 Silver Hill Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

416X

(A) Rheumatic heart disease (inactive)

DUE TO

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Chronic nephritis

DUE TO

(C)

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug 1945, *to* Dec. 19, 1950 *that I last saw the deceased alive on* Dec 19, 1950, *and that death occurred at* 2:30 p.m., *from the causes and on the date stated above.*

23A. SIGNATURE: N. E. Needle M. D.
23B. ADDRESS: 2314 - 00 North Th
23C. DATE SIGNED: 12/20/50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: Dec 21/50
24C. NAME OF CEMETERY OR CREMATORY: Mt. Olivet
24D. LOCATION (City, town, or county) (State): Frederick Md.

DATE RECEIVED BY LOCAL REGISTRAR: DEC 22 1950
REGISTRAR'S SIGNATURE: [illegible]
25. FUNERAL DIRECTOR: Loring Byers ADDRESS: 505 N. Eutaw

DEC 22 1950

VS 150

131B

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given if possible. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

A Transcript.

Dr. H. E. Needles
2314 W North Ave

Was this rheumatic heart condition
accompanied by active R fever at the time of death?
or - - inactive, quiescent — a chronic condition?

Would be correct in assuming, for coding purposes,
that the chronic nephritis contributed to death but
the rheumatic heart was underlying cause of death?

See Document File 50-10923
1/17/1951 ES

K-656 50-10924

50-10924

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Emelia Kramer

2. DATE OF DEATH: Dec. 20-1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 5705 Edgepark Rd
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 5705 Edgepark Road

27 38

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: Mar. 30-1873
9. AGE (In years. Last birthday): 77
If Under 1 Year: Months: Days
If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At home
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Henry Anderson-Asmussen
14. MOTHER'S MAIDEN NAME: Emelia

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Miss Viola E. Kramer
ADDRESS: 5705 Edgepark

MEDICAL CERTIFICATION

18. 252.1

CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 18 hours

DUE TO

ANTECEDENT CAUSES

(B) Adenoma of thyroid & thyrotoxicosis — 15 years

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO MULTIPLE

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Marasmus

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from January, 1946 to Dec. 20, 1950, that I last saw the deceased alive on Dec. 19, 1950, and that death occurred at 4:3A m., from the causes and on the date stated above.

23A. SIGNATURE: H. V. Harlold M. D.
23B. ADDRESS: 4706 Harford Road
23C. DATE SIGNED: 12/20/50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12/23/50
24C. NAME OF CEMETERY OR CREMATORY: Moreland Park
24D. LOCATION (City, town, or county) (State): Balto Md.

DATE RECEIVED BY LOCAL REGISTRAR: DEC 22 1950
REGISTRAR'S SIGNATURE: [illegible] M.D.
25. FUNERAL DIRECTOR: L. J. Luck
ADDRESS: 5305 Harford Rd

VS 150

63B

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given if supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Dr. Harbold.

B-435 50-10925

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X 50-10925 Registered No.

BIRTH NO. 50-27908

1. NAME OF DECEASED (Type or Print): Baby Baldwin

2. DATE OF DEATH: 12/21/50

3. PLACE OF DEATH:
A. Baltimore City, Maryland St. Agnes
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Agnes
C. Length of stay in Baltimore — Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: U.S.A. Md.
B. COUNTY: Balto.
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore Rural
D. STREET ADDRESS (If rural, give location): 920 Leslie Ave.

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): —
8. DATE OF BIRTH: 12/21/50
9. AGE (In years last birthday): 1hr. If Under 1 Year: Months, Days; If Under 24 Hours: Hours, Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): —
10B. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Robert S. Baldwin
14. MOTHER'S MAIDEN NAME: Mary Ireland.
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Anoxia neonatorum
DUE TO
(B)
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

762.0

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12-27, 1950, *to* 12-21, 1950, *that I last saw the deceased alive on* 12-21, 1950, *and that death occurred at* 9:45 P m., *from the causes and on the date stated above.*

23A. SIGNATURE: John T. Fisher M. D.
23B. ADDRESS: St Agnes Hosp.
23C. DATE SIGNED: 12/22/50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: Dec 22/50
24C. NAME OF CEMETERY OR CREMATORY: Loudon Park
24D. LOCATION (City, town, or county) (State): 3800 Frederick

DATE RECEIVED BY LOCAL REGISTRAR: DEC 22 1950
REGISTRAR'S SIGNATURE: [illegible]
25. FUNERAL DIRECTOR: Harry Heinke
ADDRESS: 1101 Edmondson Ave

161C

R-543 50-10926

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50-10926
Registered No.

1. NAME OF DECEASED (Type or Print): HARRY S. REYNOLDS

2. DATE OF DEATH: Dec. 21, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): -- 4322 PARKSIDE DRIVE
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 4322 Parkside Drive

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: June 9, 1914
9. AGE (In years last birthday): 36
If Under 1 Year: Months: Days
If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Repairman
10B. KIND OF BUSINESS OR INDUSTRY: Aviation (weather)
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Harry M. Reynolds
INSTRUMENTAL (?)
14. MOTHER'S MAIDEN NAME: L. Barlag

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): no
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Mrs. Harry S. Reynolds
ADDRESS: -4322 Parkside Dri

MEDICAL CERTIFICATION

18. 201 X

CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Abdominal malignancy
Malignancy (Undetermined origin)
(Probably Hodgkins Disease)
associated
INTERVAL BETWEEN ONSET AND DEATH: 8 months

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Multiple abscessed masses
DUE TO scattered in abdominal cavity
(Culture undeterminable)

(C)

(over)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 31, 1950 to Dec 22, 1950, that I last saw the deceased alive on Dec 21, 1950, and that death occurred at 10:15 p.m., from the causes and on the date stated above.

23A. SIGNATURE: H. L. Harbold M. D.
23B. ADDRESS: 4706 Harford Road
23C. DATE SIGNED: 12/22/50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12/23/50
24C. NAME OF CEMETERY OR CREMATORY: Woodlawn Cem.
24D. LOCATION (City, town, or county) (State): Woodlawn, Md.

DATE RECEIVED BY LOCAL REGISTRAR: DEC 22 1950
REGISTRAR'S SIGNATURE: Washington Williams, M.D.
25. FUNERAL DIRECTOR: Wm. J. Tickner & Sons
ADDRESS: Balto. Md.

VS 150

5543M

55E

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Do NOT copy on transcript --- for statistical use only!

We note that the origin of the malignancy was undetermined and that there was no question or autopsy performed, however, would it be possible to state a more definite anatomical location of the malignancy, please?

→ letter re-referred to Dr J W Ashworth on 1-17-51

"All glands along aorta and renal vessels and iliac vessels were involved."

Biopsy of abdominal glands failed to verify diagnosis, but clinical course was that of Hodgkins disease or lymphosarcoma"

Dr. J. W. Ashworth M.D.

C-143 50-10927

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50-10927

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Elizabeth Cofield

2. DATE OF DEATH: 12/20/50

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Univ. Hosp
C. Length of stay in Baltimore: 5 Yrs. ~~Mos.~~ ~~Days~~

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MD.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BALTIMORE 18-02
D. STREET ADDRESS (If rural, give location): 1100 W. Fayette St.

5. SEX: F
6. COLOR OR RACE: C
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 3-4-1916
9. AGE (In years last birthday): 34
If Under 1 Year: Months: Days
If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): DOMESTIC
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): N.C.
12. CITIZEN OF WHAT COUNTRY?:
13. FATHER'S NAME: ALEX BIRTH
14. MOTHER'S MAIDEN NAME: Sallie ?
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown):
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: CONNIE Cofield ADDRESS: 1100 W. Fayette St

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Chronic Glomerulonephritis — INTERVAL BETWEEN ONSET AND DEATH: 2 wks

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12/13, 1950, *to* 12/20, 1950, *that I last saw the deceased alive on* 12/20, 1950 *and that death occurred at* 5 P m., *from the causes and on the date stated above.*

23A. SIGNATURE: E. T. O'Hara M. D.
23B. ADDRESS: University Hosp
23C. DATE SIGNED: 12/20/50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12-26-50
24C. NAME OF CEMETERY OR CREMATORY: MT. CALVARY CEMETERY
24D. LOCATION (City, town, or county) (State): Cedar Hill Md

DATE RECEIVED BY LOCAL REGISTRAR: DEC 22 1950
REGISTRAR'S SIGNATURE: [illegible]
25. FUNERAL DIRECTOR: William A. Jackson
ADDRESS: 916 Penna Ave

VS 150

720FA 131B

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

H-252
250
50-10928

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50-10928

Registered No.

1. NAME OF DECEASED (Type or Print): RUTH HIGGINS - (Jackson)

2. DATE OF DEATH: December 21, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Baltimore City Hospital
c. Length of stay in Baltimore (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 1203 Winchester Street

16-01

5. SEX: female
6. COLOR OR RACE: colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 12-17-1924
9. AGE (In years last birthday): 26
If Under 1 Year: Months: – Days: 4
If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Work
10B. KIND OF BUSINESS OR INDUSTRY: Fish Cleaner
11. BIRTHPLACE (State or foreign country): Md
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: William Jackson Md.
14. MOTHER'S MAIDEN NAME: Pearl Jackson Md.

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): —
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Mrs Myrtle Watts ADDRESS 1530 Harlem

MEDICAL CERTIFICATION

CAUSE OF DEATH

18. 581.0

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Internal hemorrhage

DUE TO cirrhosis of liver

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21A. EXTERNAL CAUSE WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH.
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* autopsy (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* [X], *accident* [ ], *suicide* [ ], *homicide* [ ], *undetermined* [ ].

23A. SIGNATURE: Stanley K. Dunlacher M.D.
23B. CHIEF MEDICAL EXAMINER [ ] ASSISTANT MEDICAL EXAMINER [X] MEDICAL INVESTIGATOR [ ]
23C. DATE SIGNED: Dec. 22, 1950

24A. BURIAL, CREMATION, REMOVAL (Specify): Buried
24B. DATE: 12/27/50
24C. NAME OF CEMETERY OR CREMATORY: W.T. Auburn
24D. LOCATION (City, town, or county) (State): Baltimore Md

DATE RECEIVED BY LOCAL REGISTRAR: DEC 22 1950
REGISTRAR'S SIGNATURE
25. FUNERAL DIRECTOR: William A. Jackson
ADDRESS

VS 151

7208C 1248

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

S-552 50-10929

JL- 144158

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50-10929

Registered No.

1. NAME OF DECEASED (Type or Print): Pinkey Simmons

2. DATE OF DEATH: 12-21-50

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Baltimore City H ospitals 4940 Eastern Ave.
C. Length of stay in Baltimore: 2 yrs. (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 733 N. Central Ave.

5. SEX: Female
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Wid.
8. DATE OF BIRTH: Jan 19, 1881
9. AGE (In years last birthday): 69
If Under 1 Year: Months: Days
If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Va.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Jim Simmons
14. MOTHER'S MAIDEN NAME: Julia Highes

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: B.C. H. Records, 4940 Eastern Ave. ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Post Operative Shock — INTERVAL BETWEEN ONSET AND DEATH: 14 hrs.

DUE TO

ANTECEDENT CAUSES

(B) Carcinoma of Esophagus — 1mo.

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 12-20-50
19B. MAJOR FINDINGS OF OPERATION: Carcinoma of Esophagus
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12-12-50, 19__, *to* Dec. 21, 19 50 *that I last saw the deceased alive on* Dec. 21, 19 50 *and that death occurred at* 2.20 PM., *from the causes and on the date stated above.*

23A. SIGNATURE: R. S. Cooper M. D.
23B. ADDRESS: 4940 Eastern Ave.
23C. DATE SIGNED: 12-22-50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12/26/50
24C. NAME OF CEMETERY OR CREMATORY: Mt Auburn Cem.
24D. LOCATION (City, town, or county) (State): West port

DATE RECEIVED BY LOCAL REGISTRAR: DEC 22 1950
REGISTRAR'S SIGNATURE: Washington Williams M.D.
25. FUNERAL DIRECTOR: Metropolitan Funeral Home Inc.
ADDRESS: 927 W. Mount St

VS 150

46a

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

J-250 50-10930

50-10930

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Mary Davis Jackson

2. DATE OF DEATH: 12-19-1950

3. PLACE OF DEATH: A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1521 W. Lanvale St.

C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Md.

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Balto.

D. STREET ADDRESS (If rural, give location): 1521 W. Lanvale St.

16-02

5. SEX: Female

6. COLOR OR RACE: Col.

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Feb. 1885

9. AGE (In years last birthday): 65

If Under 1 Year: Months: Days

If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Ridgeway N.C.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Henry Talley

14. MOTHER'S MAIDEN NAME: Hattie Talley

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Mabel Barnes

ADDRESS: 102 N. Gilmor St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

444X

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cardiac failure

DUE TO

(B) Hypertension

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify): No

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* ——, 19—, *to* ——, 19—, *that I last saw the deceased alive on* ——, 19—, *and that death occurred at* 6:40 P. m., *from the causes and on the date stated above.*

23A. SIGNATURE: Jesse Williams II, M. D.

23B. ADDRESS: 1113 N. Caroline St.

23C. DATE SIGNED: 12/19/50

24A. BURIAL, CREMATION, REMOVAL (Specify): Shipped

24B. DATE: 12-22-50

24C. NAME OF CEMETERY OR CREMATORY: Franklin Va.

24D. LOCATION (City, town, or county) (State): Franklin Va.

DATE RECEIVED BY LOCAL REGISTRAR: DEC 22 1950

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR: Mrs Katie R. Williams

ADDRESS: 3221 Shircliff St

102

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

H-235 50-10931

50-10931

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Blanche Houston.

2. DATE OF DEATH: December 20, 1950.

3. PLACE OF DEATH: A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1530 W. Lanvale St.

C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Stevensville, Md.
D. STREET ADDRESS (If rural, give location): 1530 W. Lanvale St.

5. SEX: Female
6. COLOR OR RACE: C
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: April 13, 1900
9. AGE (In years last birthday): 50
If Under 1 Year: Months: Days
If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Stevensville, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Phillip Riley.
14. MOTHER'S MAIDEN NAME: Rebecca ? ✓

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Castalle Houston. ADDRESS: 1530 W. Lanvale St.

MEDICAL CERTIFICATION

18. 416 X

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Coronary Heart Disease

DUE TO

ANTECEDENT CAUSES

(B) Rheumatic heart Disease

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec. 19 50 *to* Dec. 20, 19 50 *that I last saw the deceased alive on* Dec. 20, 19 50 *and that death occurred at* 6 45 *m., from the causes and on the date stated above.*

23A. SIGNATURE: [illegible] M. D.
23B. ADDRESS: 1612 Edmondson Ave
23C. DATE SIGNED: 12-22-50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12-23-50
24C. NAME OF CEMETERY OR CREMATORY: Stevensville Md
24D. LOCATION (City, town, or county) (State): Stevensville Md

DATE RECEIVED BY LOCAL REGISTRAR: DEC 22 1950
REGISTRAR'S SIGNATURE: [illegible]
25. FUNERAL DIRECTOR: Mrs Katie R. Williams
ADDRESS: 321 N Schroeder St

95B

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M-200 50-10932

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50-10932

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): WARDELL R. MASSEY

2. DATE OF DEATH: December 20, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1306 Harlem Avenue
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 16 03
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 1306 Harlem Avenue

5. SEX: Male
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify):
8. DATE OF BIRTH: Oct. 13, 1923
9. AGE (In years last birthday): 27
If Under 1 Year: Months Days
If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10B. KIND OF BUSINESS OR INDUSTRY: general
11. BIRTHPLACE (State or foreign country): Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Marshall Massey
14. MOTHER'S MAIDEN NAME: Minnie Holland

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Delores J. Massey
ADDRESS: 324 N. Carey Street

MEDICAL CERTIFICATION

18. 002X

CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Pulmonary tuberculosis, far advanced

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* Inspection & Inquiry (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☒, *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

23A. SIGNATURE: R. S. Fisher M.D.
23B. CHIEF MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☐
23C. DATE SIGNED: Dec. 21, 1950

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12-26-50
24C. NAME OF CEMETERY OR CREMATORY: Balto. National
24D. LOCATION (City, town, or county) (State): Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR
REGISTRAR'S SIGNATURE: Katie B. Williams
25. FUNERAL DIRECTOR: Mrs Katie B Williams
ADDRESS: 322 N Schroeder St

VS 151 DEC 22 1950 97099 13B

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

S-1500

50-10933

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50-10933

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): LILLIAN SCHANE

2. DATE OF DEATH: Dec. 19, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2008 Rogers Avenue
C. Length of stay in Baltimore: Life (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 2008 Rogers Avenue

21-15

5. SEX: F.
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widow
8. DATE OF BIRTH: July 24, 1888
9. AGE (In years last birthday): 62 — If Under 1 Year: Months, Days — If Under 24 Hours: Hours, Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Homework & florist
10B. KIND OF BUSINESS OR INDUSTRY: Florist (R)
11. BIRTHPLACE (State or foreign country): Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: August Bergunt
14. MOTHER'S MAIDEN NAME: Elizabeth Wanger
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 215-24-0127
17. INFORMANT: Mr. Elwood Fletcher — ADDRESS: 2008 Rogers Avenue

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Carcinoma Pancreas — INTERVAL BETWEEN ONSET AND DEATH: 3 mos

DUE TO

(B) Generalized Abdominal metastases

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

157X

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 11/4/50
19B. MAJOR FINDINGS OF OPERATION: Carcinoma Pancreas + metastasis
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec 4, 1950, *to* Dec 19, 1950, *that I last saw the deceased alive on* Dec 19, 1950, *and that death occurred at* ____ *m., from the causes and on the date stated above.*

23A. SIGNATURE: Leonard Wallenstein M.D.
23B. ADDRESS: 848 N 36th St
23C. DATE SIGNED: Dec 21/50

24A. BURIAL, CREMATION, REMOVAL (Specify): burial
24B. DATE: 12/23/50
24C. NAME OF CEMETERY OR CREMATORY: Oak Lawn Cemetery
24D. LOCATION (City, town, or county) (State): Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR: DEC 22 1950
REGISTRAR'S SIGNATURE: Director of Vital Statistics
25. FUNERAL DIRECTOR: HENRY SANDER & SONS, INC. BALTO., 13, MD.
ADDRESS: Henry H. Sander

VS 150

490 6R

469

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

848 W. 36th St.

F 320 50-10934

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50-10934

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): CLYDE W. FITCH

2. DATE OF DEATH: Dec. 21, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Union Memorial Hospital
C. Length of stay in Baltimore (Yrs. Mos. Days): Life

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 807 Gorsuch Ave.
D. STREET ADDRESS (If rural, give location): 807 Gorsuch Ave.

905

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: June 21, 1910
9. AGE (In years last birthday): 40
If Under 1 Year: Months: Days:
If Under 24 Hours: Hours: Min.:
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): MECHANIC
10B. KIND OF BUSINESS OR INDUSTRY: Automobile
11. BIRTHPLACE (State or foreign country): Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Harry Fitch
14. MOTHER'S MAIDEN NAME: Jeanette Wayne
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): yes
(If yes, give war or dates of service): WW2
16. SOCIAL SECURITY NO.: 217-01-1810
17. INFORMANT: Mrs. Doris E. Fitch
ADDRESS: 807 Gorsuch Avenue

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

E976X

(A) Gunshot wound of head

DUE TO

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS UNDERLYING ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.): Home
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): 807 Gorsuch Ave.
21D. TIME OF INJURY (Month) (Day) (Year) (Hour): Dec. 20, 1950 11 P.m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21F. HOW DID INJURY OCCUR? Firearms

22. *I certify that I took charge of the remains described above, held an* Inspection & Inq. (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☐, *accident* ☐, *suicide* ☒, *homicide* ☐, *undetermined* ☐.

23A. SIGNATURE: William V. Scott M.D.
23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR ☐
23C. DATE SIGNED: Dec. 21, 1950

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12/23/50
24C. NAME OF CEMETERY OR CREMATORY: Baltimore National Cem.
24D. LOCATION (City, town, or county) (State): Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR: DEC 22 1950
REGISTRAR'S SIGNATURE: [illegible]
25. FUNERAL DIRECTOR: HENRY SANDER & SONS, INC BALTO., 13, MD.
ADDRESS: Geo. F. Sander

VS 151

N856.4 55083 Sanders 164C

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M-350 50-10935

50-10935

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): MARGARET MADDEN

2. DATE OF DEATH: Dec. 20, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2007 Gough Street
C. Length of stay in Baltimore: Life (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 2007 Gough Street

2-01

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widow
8. DATE OF BIRTH: July 7, 1852
9. AGE (In years last birthday): 98
If Under 1 Year: Months: Days
If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework
10B. KIND OF BUSINESS OR INDUSTRY: at home
11. BIRTHPLACE (State or foreign country): Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: George F. Keagle
14. MOTHER'S MAIDEN NAME: Elizabeth Schmidt

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Mr. Raymond Weiss
ADDRESS: 2007 Gough Street -31

MEDICAL CERTIFICATION

18. 422.1

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) acute myocardial insufficiency — 2 days

DUE TO

ANTECEDENT CAUSES

(B) chr. arteriosclerotic myocarditis — ?

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C) senility arterio-sclerosis

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

chr. bronchial asthma — ?

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec 15, 1950, *to* Dec. 20, 1950, *that I last saw the deceased alive on* Dec 20, 1950, *and that death occurred at* 1:30 p *m., from the causes and on the date stated above.*

23A. SIGNATURE: L C Doblieb, M. D.
23B. ADDRESS: 447 N. Kenwood Ave.
23C. DATE SIGNED: 12/22/50

24A. BURIAL, CREMATION, REMOVAL (Specify): burial
24B. DATE: 12/23/50
24C. NAME OF CEMETERY OR CREMATORY: Baltimore Cemetery
24D. LOCATION (City, town, or county) (State): Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR: DEC 22 1950
REGISTRAR'S SIGNATURE: [illegible]
25. FUNERAL DIRECTOR: HENRY SANDER & SONS, INC.
ADDRESS: BALTO., 13, MD.

VS 150

93D

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be complete. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

D-625

50-10936

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50-10936

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): MARY ANN DURKIN

2. DATE OF DEATH: Dec 21-50

3. PLACE OF DEATH: A. Baltimore City, Maryland 422 E. Randall St.

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

C. Length of stay in Baltimore ✓ Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Maryland

B. COUNTY: 24-04

C. CITY OR TOWN: Balto. (If outside corporate limits write RURAL and give township)

D. STREET ADDRESS (If rural, give location): 422 E Randall St.

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH:

9. AGE (In years last birthday): 84 | If Under 1 Year: Months, Days | If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10B. KIND OF BUSINESS OR INDUSTRY: Seamstress

11. BIRTHPLACE (State or foreign country): Phila. Pa.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Durkin

14. MOTHER'S MAIDEN NAME: Mary Reynolds

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 216-01-2588

17. INFORMANT: Mrs Thomas Ryan ADDRESS: 422 E Randall St.

MEDICAL CERTIFICATION

18. 421.4

CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) — Chronic Endocarditis — INTERVAL BETWEEN ONSET AND DEATH: 2 mos.

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) — Arterial Hypertension — 6 mos.

DUE TO

(C) — Arterio Sclerosis — 1 yr

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov 11, 1950, *to* Dec 21, 1950, *that I last saw the deceased alive on* Dec 20, 1950, *and that death occurred at* 10:35 A *m., from the causes and on the date stated above.*

23A. SIGNATURE: C. B. Wheltle MD M. D.

23B. ADDRESS: 1279 Mulberry St

23C. DATE SIGNED: 12/21/50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial

24B. DATE: Dec. 26-50

24C. NAME OF CEMETERY OR CREMATORY: New Cathedral

24D. LOCATION (City, town, or county) (State): Frederick Co.

DATE RECEIVED BY LOCAL REGISTRAR: DEC 22 1950

REGISTRAR'S SIGNATURE:

25. FUNERAL DIRECTOR: Gertrude A. Kenny ADDRESS: 46 Carroll Co.

VS 150

927

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be furnished. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 455

50-10937

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50-10937

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): LILLIAN COEN FLEMING

2. DATE OF DEATH: 12-20-50

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ARDLEIGH NURSING HOME.
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MD.
B. COUNTY: 9-08
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BALTO.
D. STREET ADDRESS (If rural, give location): 2003 GREENMOUNT AVE.

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED
8. DATE OF BIRTH: 1887
9. AGE (In years last birthday): 63 — If Under 1 Year: Months: Days — If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): NONE -
10B. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): IRELAND.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: JOHN COEN
14. MOTHER'S MAIDEN NAME: MARY JAVACE.

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): NO
(If yes, give war or dates of service): -
16. SOCIAL SECURITY NO.: —
17. INFORMANT: MISS DOROTHY FLEMING — ADDRESS: GREENMOUNT AVE. 2003

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Myocardial Insufficiency — 3 days

DUE TO

ANTECEDENT CAUSES

(B) Myocarditis — 6 mos

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C) Arteriosclerosis (Generalized) — 2 yrs

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: None
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from January, 1950, to Dec 20, 1950, that I last saw the deceased alive on Dec. 19, 1950, and that death occurred at 8-P m., from the causes and on the date stated above.

23A. SIGNATURE: Thomas J. Mark M. D.
23B. ADDRESS: 3809 Greenmount Ave
23C. DATE SIGNED: 12/22/50

24A. BURIAL, CREMATION, REMOVAL (Specify): 12-23-50
24B. DATE: Burial
24C. NAME OF CEMETERY OR CREMATORY: Cathedral Cem.
24D. LOCATION (City, town, or county) (State): City

DATE RECEIVED BY LOCAL REGISTRAR: DEC 22 1950
REGISTRAR'S SIGNATURE: [illegible]
25. FUNERAL DIRECTOR: Friedfeld & Son
ADDRESS: Greenmount Ave & 33rd

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be furnished. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

C50-10938 400

50-10938

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): John CAUWELL

2. DATE OF DEATH: Dec. 21, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Baltimore City Jail-
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): 10-3
D. STREET ADDRESS (If rural, give location): unknown

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify):
8. DATE OF BIRTH:
9. AGE (In years last birthday): 62 — If Under 1 Year: Months: Days — If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY: unemployed
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Caldwell
14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown):
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Daughter Mrs. Boxwell — ADDRESS: Unknown

MEDICAL CERTIFICATION

CAUSE OF DEATH

18. 491 X

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not menn the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Confluent broncho pneumonia

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* Inspection & Inq. (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☒ *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

23A. SIGNATURE: William H. Foutz M.D.
23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR ☐
23C. DATE SIGNED: Dec. 21, 1950

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: Dec 23
24C. NAME OF CEMETERY OR CREMATORY: New Cathedral
24D. LOCATION (City, town, or county) (State): Frederick Rd.

DATE RECEIVED BY LOCAL REGISTRAR: DEC 23 1950
REGISTRAR'S SIGNATURE: [illegible] Williams, M.
25. FUNERAL DIRECTOR: Redinda A. Perry — ADDRESS: 846 Carroll St. 107 Hilltop Ave. M.

VS 151

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

T50-10939 400

CERTIFICATE CORRECTED 1-4-51

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50-10939

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Clara Peal (TEAL)

2. DATE OF DEATH: 12/15/50

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): So. Balt. Gen Hosp.
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MD
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BALTO.
D. STREET ADDRESS (If rural, give location): 1109 HATCH COURT

2505

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: —
9. AGE (In years last birthday): 43 | If Under 1 Year: Months, Days | If Under 24 Hours: Hours, Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWORK
10B. KIND OF BUSINESS OR INDUSTRY: AT HOME
11. BIRTHPLACE (State or foreign country): unknown
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: UNKNOWN
14. MOTHER'S MAIDEN NAME: Unknown
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): —
(If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: —
17. INFORMANT: MRS. HEFFINE — ADDRESS: 4406 ROPE CT.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Gunshot Wound of head — INTERVAL BETWEEN ONSET AND DEATH

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☒ NO ☐

21A. EXTERNAL CAUSE WAS UNDERLYING ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.): home
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): 1109 Hatch Court
21D. TIME OF INJURY (Month) (Day) (Year) (Hour): December 16, 1950 7.45p.m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21F. HOW DID INJURY OCCUR? Firearms

22. *I certify that I took charge of the remains described above, held an* Autopsy (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☒, undetermined ☐.*

23A. SIGNATURE: R S Fisher M.D.
23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR ☐
23C. DATE SIGNED: Dec. 17, 1950

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12-26-50
24C. NAME OF CEMETERY OR CREMATORY: HARTSVILLE
24D. LOCATION (City, town, or county) (State): HARTSVILLE S. C.

DATE RECEIVED BY LOCAL REGISTRAR: DEC 23 1950
REGISTRAR'S SIGNATURE: Lucille for Williams, M.D.
25. FUNERAL DIRECTOR: James L. McCully — ADDRESS: 130 E. Fort Ave.

VS 151 N-853.4 166

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Brown Pennington

Patrick Brown

J 525

50-10940

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X

Registered No. 50-10940

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. NAME OF DECEASED (Type or Print): Ella JOHNSON

2. DATE OF DEATH: Dec. 19, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Provident Hospital
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: Baltimore
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Owings Mills
D. STREET ADDRESS (If rural, give location): Railroad Ave 5300

5. SEX: Female
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: Oct. 4, 1887
9. AGE (In years last birthday): 63
If Under 1 Year: Months / Days
If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Domestic
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: James Johnson
14. MOTHER'S MAIDEN NAME: Fannie Johnson

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Mrs Josephine Johnson
ADDRESS:

MEDICAL CERTIFICATION

18. 443X

CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the disease, injury or complication which caused death.)

(A) Hypertensive Cardiovascular Disease

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* Inspection & Inq. (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☒, *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

23A. SIGNATURE: Stanley K. Dunladen M.D.
23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR ☐
23C. DATE SIGNED: Dec. 20, 1950

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12-31-50
24C. NAME OF CEMETERY OR CREMATORY: St Luke's Cem.
24D. LOCATION (City, town, or county) (State): Reisterstown Md

DATE RECEIVED BY LOCAL REGISTRAR: DEC 22 1950
REGISTRAR'S SIGNATURE:
25. FUNERAL DIRECTOR: Montrauer & Hensley Biddle
ADDRESS: 571 W

VS 151

720 A

93

D-120

50-10941

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 50-10941

1. NAME OF DECEASED (Type or Print): Ida Davis

2. DATE OF DEATH: Dec. 21, 1950

3. PLACE OF DEATH: A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 670 W. Franklin st.

C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Maryland

B. COUNTY: 17-01

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore

D. STREET ADDRESS (If rural, give location): 670 W. Franklin St.

5. SEX: Female

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Dec. 25, 1912

9. AGE (In years last birthday): 37 — If Under 1 Year: Months, Days — If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Ella ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: John W. Davis — ADDRESS: 670 W. Franklin St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

590X

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Acute hepatitis — INTERVAL BETWEEN ONSET AND DEATH: Dec 8, 1950

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec 8, 1950 *to* Dec 21, 1950, *that I last saw the deceased alive on* Dec 21, 1950, *and that death occurred at* 6 A. *m., from the causes and on the date stated above.*

23A. SIGNATURE: W. H. Watt M. D.

23B. ADDRESS: 5154 Reisterstown

23C. DATE SIGNED: 12/21/50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial

24B. DATE: 12-24-50

24C. NAME OF CEMETERY OR CREMATORY: Mt. Auburn Cem

24D. LOCATION (City, town, or county) (State): Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR: DEC 22 1950

REGISTRAR'S SIGNATURE: [illegible]

25. FUNERAL DIRECTOR: Florence A. Hensley — ADDRESS: 573 W. Biddle St.

VS 150

130

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

H-452

50-10942

CERTIFICATE CORRECTED 3-22-51

50-10942

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): GEORGE ~~HOMES~~ HOLMES M.T.

2. DATE OF DEATH: December 21, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): South Baltimore General Hospital
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 24-04
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 317 E. Fort Avenue

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 1899 (1893)
9. AGE (In years last birthday): (57) 51
If Under 1 Year: Months / Days
If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Barber
10B. KIND OF BUSINESS OR INDUSTRY: Tonsorial
11. BIRTHPLACE (State or foreign country): Balto - Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Geo. H. Holmes
14. MOTHER'S MAIDEN NAME: Martina E. Gable

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): Unknown (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Irene A. Shoemaker ADDRESS: 2121 Cliftwood Ave

MEDICAL CERTIFICATION

CAUSE OF DEATH

18. I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Coronary artery sclerosis

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B)

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
21B. PLACE OF INJURY (e. g., In or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* Inquiry & Inspection (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☒, *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

23A. SIGNATURE: Stanley K. Dunlacher M.D.
23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR ☐
23C. DATE SIGNED: Dec. 22, 1950

24A. BURIAL, ~~CREMATION, REMOVAL (Specify)~~: Burial
24B. DATE: 12/23/50
24C. NAME OF CEMETERY ~~OR CREMATORY~~: Balto
24D. LOCATION (City, town, or county) (State): Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR: DEC 23 1950
REGISTRAR'S SIGNATURE: [illegible]
25. FUNERAL DIRECTOR: Wm Cook Inc. ADDRESS: 1217 St. Paul St

VS 151

740FF

94a

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be useful. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

S-316

50-10943

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50-10943

Registered No.

1. NAME OF DECEASED (Type or Print): Anna V. Stafford

2. DATE OF DEATH: Dec. 22, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 3520 Hilton Road
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 1631 N. Calvert Street

12-05

5. SEX: female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): single
8. DATE OF BIRTH: Jan. 20, 1862
9. AGE (In years last birthday): 88
If Under 1 Year: Months: Days
If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Baltimore, Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: James Lawrence Stafford

14. MOTHER'S MAIDEN NAME: Mary McPherson

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown):
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:

17. INFORMANT: Mrs. John T. Gowland
ADDRESS: 1631 N. Calvert St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Congestive Heart Failure

DUE TO

ANTECEDENT CAUSES

(B) Arteriosclerotic CVD

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C) Senility

INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan, 1950 *to* 12/22, 1950, *that I last saw the deceased alive on* 12/22, 1950, *and that death occurred at* 7 A. m., *from the causes and on the date stated above.*

23A. SIGNATURE: Morlais Appenzellers, M. D.
23B. ADDRESS: 2511 Reisterstown Rd
23C. DATE SIGNED: 12/23/50

24A. BURIAL, CREMATION, REMOVAL (Specify): burial
24B. DATE: 12/26/50
24C. NAME OF CEMETERY OR CREMATORY: Baltimore Cemetery
24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE RECEIVED BY LOCAL REGISTRAR: DEC 23 1950
REGISTRAR'S SIGNATURE: [illegible] for Williams, M.
25. FUNERAL DIRECTOR: Wm. Cook, Inc.
ADDRESS: 1217 St. Paul Street

VS 150

937

M #165
50-10944

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

X Registered No. 50-10944

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Mr. Walter Newburn

2. DATE OF DEATH: 12/22/50

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Union Memorial Hospital
C. Length of stay in Baltimore: All his life (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: Balto.
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Fo Egypt Farm, Bellona Ave Riderwood P.O. Maryland
D. STREET ADDRESS (If rural, give location): 5300

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: March 21, 1877
9. AGE (In years last birthday): 73
If Under 1 Year: Months / Days
If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): SALESMAN
10B. KIND OF BUSINESS OR INDUSTRY: STATIONERY Retail (R)
11. BIRTHPLACE (State or foreign country): Baltimore, Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Mr. Joseph Newburn
14. MOTHER'S MAIDEN NAME: Lucy Campbell

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Mrs Lucy Montell
ADDRESS: Egypt Farms, Riderwood Maryland

MEDICAL CERTIFICATION

18. 420.0

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

(A) PNEUMONIA — ?

DUE TO

ANTECEDENT CAUSES

(B) MYOCARDIAL INFARTION, CHD — ?

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C) ASHD

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Carcinoma of Bladder, & Pleural Metastase

19A. DATE OF OPERATION: 2
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 20, 1950, to Dec 22, 1950, that I last saw the deceased alive on Dec 22, 1950, and that death occurred at 1:15 P. m., from the causes and on the date stated above.

23A. SIGNATURE: Richard Beach M. D.
23B. ADDRESS: Union Memorial Hospital
23C. DATE SIGNED: 12-22-50

24A. ~~BURIAL~~, CREMATION, ~~REMOVAL~~ (Specify): Cremation
24B. DATE: 12/23/50
24C. NAME OF ~~CEMETERY OR~~ CREMATORY: Green Mount
24D. LOCATION (City, town, or county) (State): Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR: DEC 23 1950
REGISTRAR'S SIGNATURE: Martin Jos. Williams, M.
25. FUNERAL DIRECTOR: Wm Cook Inc.
ADDRESS: 1217 St. Paul St.

VS 150

4906U

52B

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F-560
50-10945

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50-10945

BIRTH NO.

1. NAME OF DECEASED (Type or Print): PATRICIA A ~~FAIMER~~ FEIMER

2. DATE OF DEATH: Dec. 22, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): South Baltimore General Hospital
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 1419 DECATUR ST
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 24-01
D. STREET ADDRESS (If rural, give location): 1419 Decatur St.

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): SINGLE
8. DATE OF BIRTH: MARCH 9-1944
9. AGE (In years last birthday): 6
If Under 1 Year: Months 9 Days 13
If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): SCHOOL GIRL.
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): BALTIMORE MD
12. CITIZEN OF WHAT COUNTRY? U S

13. FATHER'S NAME: WENDLE FEIMER
14. MOTHER'S MAIDEN NAME: AMELIA SPIOCH.

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: AMELIA FEIMER ADDRESS: 1419 DECATUR ST

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Crushing injury of head — E812.4

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS UNDERLYING ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.): Street
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): Lowman and Clemens Sts. 24-1
21D. TIME OF INJURY (Month) (Day) (Year) (Hour): Dec. 22, 1950 10A m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21F. HOW DID INJURY OCCUR? Pedestrian struck by truck

22. *I certify that I took charge of the remains described above, held an* Inspection & Inq. (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☐, *accident* ☒, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

23A. SIGNATURE: Stanley H. Dunlevie M.D.
23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR ☐
23C. DATE SIGNED: Dec. 22, 1950

24A. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: DEC 26-50
24C. NAME OF CEMETERY OR CREMATORY: HOLY CROSS CEM
24D. LOCATION (City, town, or county) (State): A A Co

DATE RECEIVED BY LOCAL REGISTRAR: DEC 23 1950
REGISTRAR'S SIGNATURE: Christopher Williams M.D.
25. FUNERAL DIRECTOR: Bernard C. Harlan ADDRESS: 121 E West St

VS 151 N856.2 170C

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly — legibly.

B-620

50-10946

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 50-10946

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Brooks, Hattie

2. DATE OF DEATH: 12-9-50

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Provident Hospital
C. Length of stay in Baltimore — Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Baltimore
B. COUNTY: Baltimore
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore, Md. 14-02
D. STREET ADDRESS (If rural, give location): 1431 Myrtle Ave

5. SEX: Female
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: 5-14-1896
9. AGE (In years last birthday): 54 — If Under 1 Year: Months / Days / If Under 24 Hours: Hours / Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10B. KIND OF BUSINESS OR INDUSTRY: House wife
11. BIRTHPLACE (State or foreign country): Ex-Moore Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Tobe Savage
14. MOTHER'S MAIDEN NAME: Liggie Smith
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: James Savage — ADDRESS: 1431 Myrtle ave

MEDICAL CERTIFICATION

18. 154X

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cancer of rectum

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C) 1) Metastasis 2) Anemia

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19__, to _____, 19__, that I last saw the deceased alive on _____, 19__, and that death occurred at _____ m., from the causes and on the date stated above.*

23A. SIGNATURE: [illegible] M. D.
23B. ADDRESS: Provident Hospital
23C. DATE SIGNED: 12-21-50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: Dec 24, 1950
24C. NAME OF CEMETERY OR CREMATORY: Mt Auburn
24D. LOCATION (City, town, or county) (State): md

DATE RECEIVED BY LOCAL REGISTRAR: DEC 23 1950
REGISTRAR'S SIGNATURE: [illegible] Williams, M.D.
25. FUNERAL DIRECTOR: Geo G. Kelson — ADDRESS: 1303 Pressman st

VS 150

Jurand Leonard

469

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be furnished if data supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

A-423
P-626
50-10947

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 50-10947

1. NAME OF DECEASED (Type or Print): Hilda Alston (Parker)

2. DATE OF DEATH: Dec. 22, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1710 N. Carey St.
C. Length of stay in Baltimore: Yrs. Mos. Days: Life

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Balto
D. STREET ADDRESS (If rural, give location): 1710 N. Carey St

1501

5. SEX: Female
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): M
8. DATE OF BIRTH: June 21, 1910
9. AGE (In years last birthday): 40 — If Under 1 Year: Months, Days — If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life even if retired): House wife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George Parker
14. MOTHER'S MAIDEN NAME: Mary Smith

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown):
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Robert Alston — ADDRESS: 1710 N. Carey St

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral Vascular Accident

DUE TO

ANTECEDENT CAUSES

(B) Hypertensive Cardio-Vascular Disease

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

443X

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21A. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* Inspection (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☑, *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

23A. SIGNATURE: Wm. H. Kammer, Jr. M.D.
23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☑
23C. DATE SIGNED: Dec. 22, 1950

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: Dec 26, 1950
24C. NAME OF CEMETERY OR CREMATORY: Arbutus
24D. LOCATION (City, town, or county) (State): Md

DATE RECEIVED BY LOCAL REGISTRAR: DEC 23 1950
REGISTRAR'S SIGNATURE: Christopher Williams, M.D.
25. FUNERAL DIRECTOR: Geo G. Kelson — ADDRESS: 1303 Presstman St

VS 151

93D

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

0-240
50-10948

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

X 50-10948
Registered No.

1. NAME OF DECEASED (Type or Print): VERNON OGLE

2. DATE OF DEATH: Dec. 22, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): US Marine Hospital, Wyman Pk. Drive & 31st St.
C. Length of stay in Baltimore: ? Life (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: Balt.
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore Rural
D. STREET ADDRESS (If rural, give location): 6501 Windsor Mill Road 5300

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 10/27/19
9. AGE (In years last birthday): 31 — If Under 1 Year: Months / Days — If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Unemployed. Plastic molder
10B. KIND OF BUSINESS OR INDUSTRY: Airplane Mfg.
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: George Ogle
14. MOTHER'S MAIDEN NAME: Etta Shaw

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): Yes — (If yes, give war or dates of service): WW 2
16. SOCIAL SECURITY NO.: 218-07-5641
17. INFORMANT: Records- US Marine Hospital, Balto, Md. — ADDRESS

MEDICAL CERTIFICATION

18. 201 X

CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Subdural hematoma resulting from thrombocytopenia, secondary to Hodgkin's disease. — INTERVAL BETWEEN ONSET AND DEATH: Terminal

DUE TO

(B) — INTERVAL: Unknown

DUE TO

(C) — INTERVAL:

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec. 5 *19*50, *to* Dec. 22, *19*50, *that I last saw the deceased alive on* Dec. 22, *19*50 *and that death occurred at* 1:20 P *m., from the causes and on the date stated above.*

23A. SIGNATURE: John L. Wilson, Medical Director, M. D.
23B. ADDRESS: US Marine Hospital, Balto, Md.
23C. DATE SIGNED: 12/22/50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: Dec. 26, 1950
24C. NAME OF CEMETERY OR CREMATORY: Lorraine Cemetery
24D. LOCATION (City, town, or county) (State): Woodlawn, Md.

DATE RECEIVED BY LOCAL REGISTRAR: DEC 23 1950
REGISTRAR'S SIGNATURE: Thurston Williams
25. FUNERAL DIRECTOR: Willis L. Amoreau
ADDRESS: 4510 Liberty Heights Ave.

VS 150

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RGB

S 50-10949 356

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 50-10949

BIRTH NO.

1. NAME OF DECEASED (Type or Print): FREDERIC MARTIN STINER

2. DATE OF DEATH: Dec. 22, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 232 W. Lafayette Ave.
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 14-01
D. STREET ADDRESS (If rural, give location): 232 W. Lafayette Ave.

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: Feb. 18, 1879
9. AGE (In years last birthday): 71 — If Under 1 Year: Months: Days — If Under 24 Hours: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Efficiency Expert
10B. KIND OF BUSINESS OR INDUSTRY: Kodak (M) CAMERAS
11. BIRTHPLACE (State or foreign country): Massachusetts
12. CITIZEN OF WHAT COUNTRY?:
13. FATHER'S NAME: George Frank Stiner
14. MOTHER'S MAIDEN NAME: Mary McCarty
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or nokoowo): — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 073-05-7932
17. INFORMANT: Frederic M. Stiner — ADDRESS: 232 W. Lafayette

MEDICAL CERTIFICATION

18. 42011

CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Myocardial degeneration — INTERVAL BETWEEN ONSET AND DEATH: 1 yr.

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Coronary sclerosis — ?

DUE TO

(C) Generalized atherosclerosis — ?

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: none
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec, 1949 *to* Dec, 1950 *that I last saw the deceased alive on* Dec 19, 1950, *and that death occurred at* 3 P.m., *from the causes and on the date stated above.*

23A. SIGNATURE: Frederick D. Voelmer M. D.
23B. ADDRESS: 6100 York Road
23C. DATE SIGNED: Dec. 22, '50

24A. BURIAL, CREMATION, REMOVAL (Specify): Removal
24B. DATE: 12/23/50
24C. NAME OF CEMETERY OR CREMATORY: St. Patrick Cem.
24D. LOCATION (City, town, or county) (State): Lawrence, Mass.

DATE RECEIVED BY LOCAL REGISTRAR: DEC 23 1950
REGISTRAR'S SIGNATURE: Thomas J. Williams
25. FUNERAL DIRECTOR: Wm. J. Tichner & Son
ADDRESS: Balto Md.

VS 150

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B-652

50-10950

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 50-10950

1. NAME OF DECEASED (Type or Print): Henry Boring

2. DATE OF DEATH: Dec 22nd 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland 1820 N. Port St
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): —
C. Length of stay in Baltimore: Yrs. Mos. Days: Life

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Balto
D. STREET ADDRESS (If rural, give location): 1820 N. Port St

8-02

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Aug 4th 1864
9. AGE (In years last birthday): 86
If Under 1 Year: Months: Days
If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Md
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Elijah Boring
14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Mr H. Boring
ADDRESS: 1820 N. Port St

MEDICAL CERTIFICATION

18. 4200

CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Arterio sclerotic heart disease. — INTERVAL BETWEEN ONSET AND DEATH: 3 yrs.

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Generalized arteriosclerosis — ?

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Chronic asthmatic bronchitis — 2

19A. DATE OF OPERATION: none
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/20/47, 19__, to Dec. 22, 1950, that I last saw the deceased alive on Dec. 22, 1950, and that death occurred at ____ m., from the causes and on the date stated above.

23A. SIGNATURE: Harry Deibel M. D.
23B. ADDRESS: 1226 Hanover St
23C. DATE SIGNED: 12/23/50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: Dec 26th 1950
24C. NAME OF CEMETERY OR CREMATORY: Loudon Park Cem
24D. LOCATION (City, town, or county) (State): Fredrick Road

DATE RECEIVED BY LOCAL REGISTRAR: DEC 23 1950
REGISTRAR'S SIGNATURE: [illegible] for Hillman, M.D.
25. FUNERAL DIRECTOR: Leo G. Koch
ADDRESS: 1701-03 N. Patterson Park Ave

VS 150

93D

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be correct age is especially important. Physicians: please write the causes of death clearly and legi

Dr Deibel, 1226, S. Hanover St.

L-350

50-10951

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 50-10951

1. NAME OF DECEASED (Type or Print): James Edward Lathan

2. DATE OF DEATH: Dec. 19, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Provident Hospital
c. Length of stay in Baltimore: 40 Yrs. (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 1931 W. North Avenue

5. SEX: Male
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 6/20/1892
9. AGE (In years last birthday): 58yrs. (If Under 1 Year: Months, Days; If Under 24 Hours: Hours, Min.)

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Steel Worker
10B. KIND OF BUSINESS OR INDUSTRY: Beth. Steel
11. BIRTHPLACE (State or foreign country): Danville, Va.
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Moses Lathan
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): Yes (If yes, give war or dates of service): W. W. #1
16. SOCIAL SECURITY NO.: 213-07-0466
17. INFORMANT: Mrs. Dorothy Lathan — ADDRESS: 1931 W. North Av

MEDICAL CERTIFICATION

18. 540.0

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Secondary Peritonitis — 12/16/50

DUE TO

(B) Postoperative upper Intestinal Obstruction (adhesive) - Jejunum — 12/12/50

DUE TO

(C) Prepyloric Ulcer - Lesser Curvature (Stomach) — 11-9-50

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: Op #1 - 11-22-50 + Op #2 - 12/12/50
19B. MAJOR FINDINGS OF OPERATION: Subtotal Gastrectomy & end to side Gastrojejunostomy - antecolic + Subtotal Gastrectomy & end to end Anastomosis, enterc enterostomy - Jejunum
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) E Jejunostomy
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 11-9, 1950, *to* 12/19/50, 19__, *that I last saw the deceased alive on* 12/19, 1950, *and that death occurred at* 5:55 a.m., *from the causes and on the date stated above.*

23A. SIGNATURE: Henry B. McPhoms
23B. ADDRESS: 1131 Harlem Avenue
23C. DATE SIGNED: 12/22/50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12/23/1950
24C. NAME OF CEMETERY OR CREMATORY: Mt. Calvary Cem.
24D. LOCATION (City, town, or county) (State): Baltimore Co. Md.

DATE RECEIVED BY LOCAL REGISTRAR: DEC 23 1950
REGISTRAR'S SIGNATURE: Washington Williams, M.D.
25. FUNERAL DIRECTOR: Holland Funeral Home — ADDRESS: 1631 D. H. Ave.

VS 150

690 3A

117a

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be c[illegible] supplied. The correct age is especially important. Physicians: please write the causes of death clearly and leg[illegible].

D-120

50-10952

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 50-10952

1. NAME OF DECEASED (Type or Print): HANSEL O. DAVIS

2. DATE OF DEATH: December 23, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mercy Hospital
c. Length of stay in Baltimore: 8 yrs. (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 19-03
D. STREET ADDRESS (If rural, give location): 239 S. Stricker Street

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Jan. 31, 1916
9. AGE (In years last birthday): 34 — If Under 1 Year: Months: Days: — If Under 24 Hours: Hours: Min.:
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Sand blaster-spray painter
10B. KIND OF BUSINESS OR INDUSTRY: Genl. Contr. Weather Mastic
11. BIRTHPLACE (State or foreign country): Porter Falls, W. Va.
12. CITIZEN OF WHAT COUNTRY?:
13. FATHER'S NAME: CONSTAIGIN
14. MOTHER'S MAIDEN NAME: Loucinda Davis
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): Yes — (If yes, give war or dates of service): World War 2
16. SOCIAL SECURITY NO.: 235-12-8233
17. INFORMANT: Eva V. Davis — ADDRESS: 239 S. Stricker Street

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Traumatic amputation of left arm and left leg

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS UNDERLYING ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.): Industrial place
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): Bethlehem Steel Company 53-00
21D. TIME OF INJURY (Month) (Day) (Year) (Hour): Dec. 22, 1950 11:35 A.m.
21E. INJURY OCCURRED: WHILE AT WORK ☒ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?: Was struck by a drifting railroad car

22. *I certify that I took charge of the remains described above, held an* Inspection & Inquiry (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☐, *accident* ☒, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

23A. SIGNATURE: William V. Dorsett M.D.
23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR ☐
23C. DATE SIGNED: Dec. 23, 1950

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12-24-50
24C. NAME OF CEMETERY OR CREMATORY:
24D. LOCATION (City, town, or county) (State): SALEM W. VA.

DATE RECEIVED BY LOCAL REGISTRAR: DEC 23 1950
REGISTRAR'S SIGNATURE:
25. FUNERAL DIRECTOR: Rolf C. & B. M. Waltus — ADDRESS: 169 Pratt & Stricker St.

VS 151 N898.2 6902.4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be c[illegible] supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

P-242

50-10953

50-10953

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

1. NAME OF DECEASED (Type or Print): Stanley Posluszny

2. DATE OF DEATH: December 21, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 3509 Kentucky Avenue
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 26-03
D. STREET ADDRESS (If rural, give location): 3509 Kentucky Avenue

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: May 7, 1865
9. AGE (In years last birthday): 85 — If Under 1 Year: Months, Days — If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Iron Molder - Ret.
10B. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Poland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Unknown Posluszny
14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Mrs. Rose D'Amario, 3509 Kentucky Avenue — ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) 153X Carcinoma of Colon.
DUE TO

ANTECEDENT CAUSES
(B)
DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. —

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov., 1950, *to* Dec. 21, 1950 *that I last saw the deceased alive on* Dec. 21, 1950, *and that death occurred at* 11:25 P.M., *from the causes and on the date stated above.*

23A. SIGNATURE: L B Stevens M. D.
23B. ADDRESS: 3400 Eastman Ave
23C. DATE SIGNED: 12/23/50

24A. BURIAL, CREMATION, REMOVAL (Specify): burial
24B. DATE: 12/24/50
24C. NAME OF CEMETERY OR CREMATORY: Oak Lawn Cemetery
24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE RECEIVED BY LOCAL REGISTRAR
REGISTRAR'S SIGNATURE: [illegible]
25. FUNERAL DIRECTOR: Wm. Cook, Inc. — ADDRESS: 1217 St. Paul Street

VS 150

DEC 23 1950

46E

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

H-100

50-10954

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X 50-10954

Registered No.

1. NAME OF DECEASED (Type or Print): Frank W. Hoppe Jr.

2. DATE OF DEATH: 12-22-50

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): University Hospital
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: Balt
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Townson
D. STREET ADDRESS (If rural, give location): 7305 Yorktowne, Dr. -4

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify):
8. DATE OF BIRTH: Dec. 19, 1925
9. AGE (In years last birthday): 25 | If Under 1 Year: Months, Days | If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): salesman
10B. KIND OF BUSINESS OR INDUSTRY: Rubber (M)
11. BIRTHPLACE (State or foreign country): New Jersey
12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: Frank W. Hoppe, Sr.
14. MOTHER'S MAIDEN NAME: Louise R. Hallett

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): Yes
(If yes, give war or dates of service): WW. II, Army.
16. SOCIAL SECURITY NO.: 359-16-7902
17. INFORMANT: Albert Paul. ADDRESS:

MEDICAL CERTIFICATION

18. 157X

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Gastro-intestinal hemorrhages — INTERVAL BETWEEN ONSET AND DEATH: 2

DUE TO

(B) metastatic Carcinoma, anaplastic — 8

DUE TO

(C) Pancrease, probable primary site — (over)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 12-21-50
19B. MAJOR FINDINGS OF OPERATION: Gbd. mass Metastatic anaplastic Ca.
20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-21-50, 19__, to 12-22-50, 19__, that I last saw the deceased alive on 12-22-50, 19__, and that death occurred at 12:25 A.m., from the causes and on the date stated above.

23A. SIGNATURE: Francis J. Borges M. D.
23B. ADDRESS: University Hosp.
23C. DATE SIGNED: 12-22-50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12/26/50
24C. NAME OF CEMETERY OR CREMATORY: Moreland Mem. Park
24D. LOCATION (City, town, or county) (State): Balto., Md.

DATE RECEIVED BY LOCAL REGISTRAR: DEC 23 1950
REGISTRAR'S SIGNATURE: [illegible] for Williams, M.D.
25. FUNERAL DIRECTOR: Wm. J. Tickner & Sons
ADDRESS:

VS 150

DEC 23 1950

49040

469

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be [illegible] supplied. The correct age is especially important. Physicians: please write the causes of death clearly and l[illegible]y.

Was there in clinical record, any indication as to what may have been the probable primary site of malignancy?

"Metastatic carcinoma probably primary in pancreas"
See Document file 50-10954
ES

W 230
50-10955

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50-10955
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Fauntleroy Wight

2. DATE OF DEATH: December-22-1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland — Charles & 31st. Sts.
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): at Home (Homewood Apts.)
C. Length of stay in Baltimore: Life (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: Baltimore City
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore City
D. STREET ADDRESS (If rural, give location): Charles & 31st. Streets

12-02

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: August-15-1885
9. AGE (In years last birthday): 65 — If Under 1 Year: Months / Days — If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10B. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Baltimore, Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Charles C. Wight
14. MOTHER'S MAIDEN NAME: Juliet Fauntleroy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Miss Mary C. Wight (sister) ADDRESS: Baltimore, Md.

MEDICAL CERTIFICATION

18. 443X

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Acute Congestive Heart Failure — 12 hrs

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Myocarditis Arteriosclerosis — Gradual

DUE TO

(C) Hypertension — E

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 1936 *to* Dec 22, 1950, *that I last saw the deceased alive on* Dec 21, 1950, *and that death occurred at* 1:20 a.m., *from the causes and on the date stated above.*

23A. SIGNATURE: W. H. Moody M.D.
23B. ADDRESS: 1403 Park ave
23C. DATE SIGNED: 12-22-'50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: Dec-26-1950.
24C. NAME OF CEMETERY OR CREMATORY: Hollywood Cemetery
24D. LOCATION (City, town, or county) (State): Richmond, Virginia

DATE RECEIVED BY LOCAL REGISTRAR: DEC 23 1950
REGISTRAR'S SIGNATURE: Martin Lon Williams M.D.
25. FUNERAL DIRECTOR: Stewart & Mowen Co., ADDRESS: 108 W. North Avenue.

VS 150

City #1. 93D

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

K-400 CERTIFICATE CORRECTED 12-23-51

50-10956

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 50-10956

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Mrs Leone H. Kelly

2. DATE OF DEATH: 12-23-50

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mercy Hosp
C. Length of stay in Baltimore: Yrs. Mos. Days: Life

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Balto. 17-07
D. STREET ADDRESS (If rural, give location): 3211 N. Charles St

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: MAY 25, 1909
9. AGE (In years last birthday): 41
If Under 1 Year: Months: Days
If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): SECRY. - TREAS.
10B. KIND OF BUSINESS OR INDUSTRY: AUTO SALES
11. BIRTHPLACE (State or foreign country): Calvert Co. Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Lock W. Humphreys
14. MOTHER'S MAIDEN NAME: Ellen Busby

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.

17. INFORMANT: Mr. Charles Kelly
ADDRESS: 3211 N. Charles St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Severe mitral stenosis — INTERVAL BETWEEN ONSET AND DEATH: years

DUE TO

(B) Pneumonia — 6 days

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/18/50, 19__, to 12/23/50, 19__, that I last saw the deceased alive on 12/23/50, 19__, and that death occurred at 6 A.M., from the causes and on the date stated above.

23A. SIGNATURE: C. Richard Franel M. D.
23B. ADDRESS: Mercy Hosp
23C. DATE SIGNED: 12/23/50

24A. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: 12/26/50
24C. NAME OF CEMETERY OR CREMATORY: LOUDON PARK
24D. LOCATION (City, town, or county) (State): BALTO. MD.

DATE RECEIVED BY LOCAL REGISTRAR: DEC 23 1950
REGISTRAR'S SIGNATURE: [illegible]
25. FUNERAL DIRECTOR: William J. Tickner & Sons
ADDRESS: Balto.

VS 150

2906J

92B (17) Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

R-457 50-10957

X 50-10957

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

BIRTH NO. X-27336

1. NAME OF DECEASED (Type or Print): Baby Boy Rawlings

2. DATE OF DEATH: December 22, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): THE JOHNS HOPKINS HOSPITAL

C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY: A.A.
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Greenock
D. STREET ADDRESS (If rural, give location): 5200

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: 12-13-50

9. AGE (In years last birthday) | If Under 1 Year: Months | Days: 9 | If Under 24 Hours: Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John Rawlings

14. MOTHER'S MAIDEN NAME: Ellen

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: THE JOHNS HOPKINS HOSPITAL

ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Prematurity Sub arachnoid hemorrhage

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12-13, 1950, *to* 12-22, 1950, *that I last saw the deceased alive on* 12-22, 1950, *and that death occurred at* 6 15 P m., *from the causes and on the date stated above.*

23A. SIGNATURE: Leonard Rosenzweig M. D.

23B. ADDRESS: THE JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED: 12/23/50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial

24B. DATE: 12-24-50

24C. NAME OF CEMETERY OR CREMATORY: Moses

24D. LOCATION (City, town, or county) (State): Drury Md

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR: T A Hardesty & Son

ADDRESS

DEC 24 1950

160a

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M-220
50-10958

X 50-10958

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

BIRTH NO. 50-22685

1. NAME OF DECEASED (Type or Print): Diana Mikus

2. DATE OF DEATH: 12-23-50

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sinai Hospital
C. Length of stay in Baltimore: Life (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: Baltimore
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Essex
D. STREET ADDRESS (If rural, give location): 540 W. Woodlynn Rd.

5. SEX: FEMALE
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): SINGLE
8. DATE OF BIRTH: Oct. 21, 1950
9. AGE (In years last birthday): If Under 1 Year: Months 2, Days 2; If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Baltimore
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John G. Mikus
14. MOTHER'S MAIDEN NAME: Catherine Polynack

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No.
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: John G. Mikus - Father
ADDRESS:

MEDICAL CERTIFICATION

18. 754.3

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Myocardial Insufficiency — 2 months

DUE TO

ANTECEDENT CAUSES

(B) Congenital Heart Disease

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

Transposition of great vessels

(C) Interventricular Septal Defect

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Patent Ductus Arteriosus

19A. DATE OF OPERATION: 2
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12-21, 1950 *to* 12-23, 1950, *that I last saw the deceased alive on* 12-23, 1950, *and that death occurred at* 1:35 *p.m., from the causes and on the date stated above.*

23A. SIGNATURE: Judith B. Sandau M. D.
23B. ADDRESS: Sinai Hospital Baltimore
23C. DATE SIGNED: 12-23-50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: Dec 24, 1950
24C. NAME OF CEMETERY OR CREMATORY: Church of Transfiguration
24D. LOCATION (City, town, or county) (State): Shamokin, Penna

DATE RECEIVED BY LOCAL REGISTRAR: DEC 24 1950
REGISTRAR'S SIGNATURE: [illegible] for Williams, M.D.
25. FUNERAL DIRECTOR: Wm Cook Inc.
ADDRESS: 1217 St. Paul St. Baltimore, Md.

VS 150

157E

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

K-325

50-10959

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X 50-10959

Registered No.

1. NAME OF DECEASED (Type or Print): DAVID KATZEN

2. DATE OF DEATH: Dec 22 50

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sinai Hospital
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: Howard
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): Wrights Mill Road Woodstock Md 6300

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widower
8. DATE OF BIRTH: 1877
9. AGE (In years last birthday): 73 — If Under 1 Year: Months, Days — If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Russia
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Joseph Katzen
14. MOTHER'S MAIDEN NAME: Emma Herr

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Joseph E Katzen — ADDRESS: Wrights Mill Rd Woodstock Md

MEDICAL CERTIFICATION

18. 491X

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Bronchopneumonia
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B)
DUE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec 21, 1950, *to* Dec 22, 1950, *that I last saw the deceased alive on* Dec 22, 1950, *and that death occurred at* 10 45 *m., from the causes and on the date stated above.*

23A. SIGNATURE: [illegible] M. D.
23B. ADDRESS: Sinai Hospital
23C. DATE SIGNED: Dec 23 50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: December 25, 1950
24C. NAME OF CEMETERY OR CREMATORY: Sharrei Zion Cemetery
24D. LOCATION (City, town, or county) (State): Hamilton Ave Rosedale

DATE RECEIVED BY LOCAL REGISTRAR: DEC 24 1950
REGISTRAR'S SIGNATURE: [illegible]
25. FUNERAL DIRECTOR: Sol Levinson & Bros
ADDRESS: 1126 W North ave

VS 150

10010

107

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G-500

50-10960

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50-10960

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Tillie Cohen

2. DATE OF DEATH: December 22, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 4613 ParkHeights Ave
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 6-03
D. STREET ADDRESS (If rural, give location): 2118 Orleans St

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: May 11, 1901
9. AGE (In years last birthday): 49 — If Under 1 Year: Months, Days — If Under 24 Hours: Hours, Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Baltimore Md
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Edward Walker
14. MOTHER'S MAIDEN NAME: Rose Slesanger
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Robert Cohen — ADDRESS: 5011 Pimlico Road

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Generalized Carcinomatosis

DUE TO

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Carcinoma Ovaries

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Feb *,* 1949 *, to* Dec 22 *,* 1950 *, that I last saw the deceased alive on* Dec 22 *,* 1950 *, and that death occurred at* 3 45 *m., from the causes and on the date stated above.*

23A. SIGNATURE: Dr Bernard Cohen M. D.
23B. ADDRESS: Marlborough Apt
23C. DATE SIGNED: 12-23-50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: Dec 24, 1950
24C. NAME OF CEMETERY OR CREMATORY: Baltimore Hebrew Cemetery
24D. LOCATION (City, town, or county) (State): Baltimore Md

DATE RECEIVED BY LOCAL REGISTRAR: DEC 24 1950
REGISTRAR'S SIGNATURE: [illegible]
25. FUNERAL DIRECTOR: Sol Levinson & Bros — ADDRESS: 1126 W North ave

VS 150

49a

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be furnished if supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

B-452

BIRTH NO. 50-10961

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50-10961

1. NAME OF DECEASED (Type or Print): Sophie Bulmash

2. DATE OF DEATH: December 22, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sinai Hospital
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 2125 E Lombard St

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widow
8. DATE OF BIRTH: 1903
9. AGE (In years last birthday): 47
If Under 1 Year: Months, Days
If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Baltimore Md
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Aaron Cohen
14. MOTHER'S MAIDEN NAME: Lena Udell

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown):
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: William Bulmash ADDRESS: 2125 E Lombard St

MEDICAL CERTIFICATION

1B. 155X

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Peritonitis — Dec-14-50

DUE TO

ANTECEDENT CAUSES
(B) Dec 22

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
DUE TO

(C) Carcinoma of Gall Bladder — Dec 14 50

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.
with Metastasis — Dec 22.

19A. DATE OF OPERATION: Dec 15, 1950
19B. MAJOR FINDINGS OF OPERATION: inoperable carcinoma of gall-bladder & liver
20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec 8, 1950, *to* Dec 22, 1950, *that I last saw the deceased alive on* Dec. 22, 1950 *and that death occurred at* 8 P. m., *from the causes and on the date stated above.*

23A. SIGNATURE: Omar B. Bergan M. D.
23B. ADDRESS: Sinai Hospital
23C. DATE SIGNED: 12/23/50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: Dec 24, 1950
24C. NAME OF CEMETERY OR CREMATORY: Hebrew Mt Carmel Cemetery
24D. LOCATION (City, town, or county) (State): German Hill Rd Balto Md

DATE RECEIVED BY LOCAL REGISTRAR:
REGISTRAR'S SIGNATURE: [illegible]
25. FUNERAL DIRECTOR: Sol Levinson & Bros
ADDRESS: 1126 W Northern

VS 150

DEC 24 1950

46F

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be furnished if possible. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

P 453
50-10962

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50-10962
Registered No.

1. NAME OF DECEASED (Type or Print): Sadie Poland

2. DATE OF DEATH: 12-22-50

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Church Home Hospital
C. Length of stay in Baltimore: Life (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 3805 Park Heights Ave.

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: 2-10-1891
9. AGE (In years last birthday): 59 — If Under 1 Year: Months, Days — If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: Own home
11. BIRTHPLACE (State or foreign country): Baltimore Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Goldfadim, David
14. MOTHER'S MAIDEN NAME: Miriam Simmons

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): no
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Sidney Poland — ADDRESS: 3805 Park Heights Avenue

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Uremia due to — INTERVAL BETWEEN ONSET AND DEATH: 4 yrs
DUE TO
(B) Hydronephrosis
DUE TO
(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec 13, 1950 *to* Dec. 22, 1950, *that I last saw the deceased alive on* Dec 22 1950 *and that death occurred at* 7:30 A *m., from the causes and on the date stated above.*

23A. SIGNATURE: Donald L. Broders M. D.
23B. ADDRESS: Church Home & Hosp.
23C. DATE SIGNED: Dec 22, 1950

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12/24/50
24C. NAME OF CEMETERY OR CREMATORY: Shaarei Zion Cong.
24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE RECEIVED BY LOCAL REGISTRAR: DEC 24 1950
REGISTRAR'S SIGNATURE: [illegible]
25. FUNERAL DIRECTOR: Sol. Levinson & Bros. — ADDRESS: 1124-26 W. North Ave.

VS 150

133B

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be furnished. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

S-160
50-10963

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50-10963
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Mrs Rose Safier

2. DATE OF DEATH: December 22, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland ✓
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Lutheran Hospital of Maryland
C. Length of stay in Baltimore: 35 yrs. (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 27-19
D. STREET ADDRESS (If rural, give location): 3209 Glen Ave

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): M
8. DATE OF BIRTH: 9/12/1891
9. AGE (In years last birthday): 59
If Under 1 Year: Months: Days
If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife R-N
10B. KIND OF BUSINESS OR INDUSTRY: own home
11. BIRTHPLACE (State or foreign country): Russia
12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: Samuel Goldstein
14. MOTHER'S MAIDEN NAME: Rebecca ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Joseph Safier
ADDRESS: 3209 Glen Avenue

MEDICAL CERTIFICATION

18. 420.1

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Myocardial Infarction — 7 da
DUE TO
(B) Coronary Occlusion — 7 da
DUE TO
(C) Arteriosclerotic Heart Disease — ?

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec. 16, 1950, *to* Dec. 22, 1950 *that I last saw the deceased alive on* Dec. 22, 1950, *and that death occurred at* 7 35 Am., *from the causes and on the date stated above.*

23A. SIGNATURE: M H Edwards M. D.
23B. ADDRESS: Lutheran Hosp. of Md.
23C. DATE SIGNED: 12/22/50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12/24/50
24C. NAME OF CEMETERY OR CREMATORY: Shaarei Zion Cong.
24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE RECEIVED BY LOCAL REGISTRAR: DEC 24 1950
REGISTRAR'S SIGNATURE:
25. FUNERAL DIRECTOR: Sol. Levinson & Bros.
ADDRESS: 1724-26 W. North Ave.

93D

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given if any supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

C-145
50-10964

50-10964

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Emilie Coplan

2. DATE OF DEATH: 12-23-50

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Univ. Hosp.
C. Length of stay in Baltimore 45 years (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY: Balt
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Balt. 15-09
D. STREET ADDRESS (If rural, give location): 3025 Wolcott Ave.

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Feb 16
9. AGE (In years last birthday): 75
If Under 1 Year: Months / Days / If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: House Work
11. BIRTHPLACE (State or foreign country): Latvia LATVIA
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Hyman Blum
14. MOTHER'S MAIDEN NAME: Mary Seff

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: William Coplan — ADDRESS: 3025 Wolcott ave

MEDICAL CERTIFICATION

18. 420.1

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Congestive Heart Failure — ~~12 wk~~ 10 day
DUE TO
ANTECEDENT CAUSES
(B) Coronary Occlusion — 14 day
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
DUE TO
(C) Arterio Sclerosis — ?

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Diabetes Mellitus — ?

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12-11-50, 19__, *to* 12-23-50, 19__, *that I last saw the deceased alive on* 12-23, 1950, *and that death occurred at* 5 A m., *from the causes and on the date stated above.*

23A. SIGNATURE: Wilbur S. Bonyoun M. D.
23B. ADDRESS: Univ. Hosp.
23C. DATE SIGNED: 12-23-50

24A. BURIAL, ~~CREMATION, REMOVAL~~ (Specify): ~~Hearse~~
24B. DATE: 12/24/50
24C. NAME OF CEMETERY OR CREMATORY: Har Sinai
24D. LOCATION (City, town, or county) (State): Baltimore

DATE RECEIVED BY LOCAL REGISTRAR
REGISTRAR'S SIGNATURE
25. FUNERAL DIRECTOR: Warren Williams & Son — ADDRESS: 1402 E. Lan. Ave

VS 150

DEC 24 1950

61

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F. 36P 50-10965

50-10965

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): LINA B. FADER

2. DATE OF DEATH: 12-21-50

3. PLACE OF DEATH:
A. Baltimore City, Maryland: Sinai Hospital
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):
C. Length of stay in Baltimore: Lifetime (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: Balt City
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Marlborough Wyo.
D. STREET ADDRESS (If rural, give location): Marlborough 14-01

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, ~~DIVORCED~~ (Specify):
8. DATE OF BIRTH: May 17 1870
9. AGE (In years last birthday): 80
If Under 1 Year: Months 7 Days 4
If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Balto Md
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Moses Brownold
14. MOTHER'S MAIDEN NAME: Selmeyer

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Dia Fader ADDRESS: 2200 Crest Rd Balt

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Myocardial Rupture

DUE TO

(B) Myocardial Infarct.

DUE TO

(C) Arterio-sclerotic heart disease.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12-20, 1950 *to* 12-21, 1950, *that I last saw the deceased alive on* 12-21, 1950, *and that death occurred at* 3:25 a.m., *from the causes and on the date stated above.*

23A. SIGNATURE: William Bourque M. D.
23B. ADDRESS: Sinai Hosp.
23C. DATE SIGNED: 12-21-50

24A. BURIAL, ~~CREMATION, REMOVAL~~ (Specify): Bur.
24B. DATE: Dec. 23/1950
24C. NAME OF CEMETERY OR CREMATORY: Hur Sinai
24D. LOCATION (City, town, or county) (State): Balto Md

DATE RECEIVED BY LOCAL REGISTRAR:
REGISTRAR'S SIGNATURE:
25. FUNERAL DIRECTOR: David Sondheim & Son ADDRESS: 190 2 Eutaw Pl.

DEC 24 1950

93D

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given, if supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

S-100
50-10966

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50-10966

1. NAME OF DECEASED (Type or Print): LILLIAN E. SCHAUB

2. DATE OF DEATH: 12/23/50

3. PLACE OF DEATH:
A. State: Baltimore City, Maryland
B. Full Name of Hospital or Institution (If not in hospital or institution, give street address or location): Lutheran Hosp of Md.
C. Length of stay in Baltimore: 17 Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)
A. State
B. County: 2456 W Balto St
C. City or Town (If outside corporate limits, write RURAL and give township): Baltimore Md 20-0
D. Street Address (If rural, give location): 2456 W Balto St

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Martin Schaub
8. DATE OF BIRTH: Sept 30-1900
9. AGE (In years last birthday): 50 | If Under 1 Year: Months, Days | If Under 24 Hours: Hours, Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House work
10B. KIND OF BUSINESS OR INDUSTRY: Self
11. BIRTHPLACE (State or foreign country)
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Charles Walters
14. MOTHER'S MAIDEN NAME: Nettie A Washter
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Carrie T. Sine ADDRESS: 428 Coulbourn St Cumberland Md

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral Hemorrhage — Interval between onset and death: 1 wk

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Hypertensive Vascular Disease

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19__, to _____, 19__, that I last saw the deceased alive on _____, 19__, and that death occurred at _____ m., from the causes and on the date stated above.*

23A. SIGNATURE: Stanley R Steinbach M. D.
23B. ADDRESS: Lutheran Hosp of Md.
23C. DATE SIGNED: 12/23/50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: Dec 27/50
24C. NAME OF CEMETERY OR CREMATORY: Louden Park Cem
24D. LOCATION (City, town, or county) (State): Frederick Md

DATE RECEIVED BY LOCAL REGISTRAR: DEC 24 1950
REGISTRAR'S SIGNATURE: Lewington Williams M.D.
25. FUNERAL DIRECTOR: Chas P. Towell ADDRESS: 2427 Edmondson Ave

VS 150

83a

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be [illegible] supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

H-155
50-10967

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50-10967
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): WILLIAM HOWARD HOFFMAN
2. DATE OF DEATH: 12-23-50

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): UNIV. HOSPITAL
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MD.
B. COUNTY: Carroll
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): MANCHESTER
D. STREET ADDRESS (If rural, give location): 5600

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Margaret E Hoffman
8. DATE OF BIRTH: Nov 13-1874
9. AGE (In years last birthday): 76 | If Under 1 Year: Months, Days | If Under 24 Hours: Hours, Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): BUTCHER
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): MD.
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: William H. Hoffman
14. MOTHER'S MAIDEN NAME: Catherine Wilson
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Margaret E Hoffman
17. ADDRESS: 3517 Parkwood Ave

MEDICAL CERTIFICATION

CAUSE OF DEATH

18. 155X

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Carcinoma of Hepatic Duct — INTERVAL BETWEEN ONSET AND DEATH: 1-2 mo

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 2
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12-3, 1950 *to* 12-23, 1950, *that I last saw the deceased alive on* 12-23, 1950 *and that death occurred at* 1:30 *Am., from the causes and on the date stated above.*

23A. SIGNATURE: Herbert K Spurrier M. D.
23B. ADDRESS: University Hosp.
23C. DATE SIGNED: 12-23-50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: Dec 25-50
24C. NAME OF CEMETERY OR CREMATORY: Lutheran Cem
24D. LOCATION (City, town, or county) (State): Manchester Md

DATE RECEIVED BY LOCAL REGISTRAR:
REGISTRAR'S SIGNATURE:
25. FUNERAL DIRECTOR: Chas P. Towell
ADDRESS: 2427 Edmondson Ave

DEC 24 1950

46F

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

V-628
50-10968

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

X 50-10968
Registered No.

1. NAME OF DECEASED (Type or Print): John Voorhees (Voorhees)

2. DATE OF DEATH: 12/22/50

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Maryland General Hospital
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Utah
B. COUNTY: V-4
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Salt Lake City
D. STREET ADDRESS (If rural, give location): University Club

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify):
8. DATE OF BIRTH:
9. AGE (In years last birthday): 57 — If Under 1 Year: Months, Days — If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Lt-Col
10B. KIND OF BUSINESS OR INDUSTRY: USA
11. BIRTHPLACE (State or foreign country): Targadee Pass Idaho
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: ✓
14. MOTHER'S MAIDEN NAME: ✓

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Harry Voorhees — ADDRESS: Brooklyn N. York

MEDICAL CERTIFICATION

18. 420.1

CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Coronary Disease

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21A. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* Inspection (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☑, *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

23A. SIGNATURE: C. R. Pilbrink M.D.
23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☐
23C. DATE SIGNED: 12/27/50

24A. BURIAL, CREMATION, REMOVAL (Specify): Removal
24B. DATE: 12-24-50
24C. NAME OF CEMETERY OR CREMATORY: New Brunswick N. Jersey
24D. LOCATION (City, town, or county) (State): New Jersey

DATE RECEIVED BY LOCAL REGISTRAR
REGISTRAR'S SIGNATURE
25. FUNERAL DIRECTOR: Lilly & Zahn — ADDRESS: 4038 Wolf St

VS 151

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be [illegible] supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

24-1950 Registrar of Vital Statistics, Illinois

59591

94a ✓

5-551
50-10969

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50-10969

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): FLORENCE M. SONNENBURG

2. DATE OF DEATH: 12/23/50

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1540 N. PATTERSON PK AVE
C. Length of stay in Baltimore (Yrs. Mos. Days): LIFE

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MD
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BALTIMORE 8-04
D. STREET ADDRESS (If rural, give location): 1540 PATTERSON PK. AVE

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): W
8. DATE OF BIRTH: MAY 19-1875
9. AGE (In years last birthday): 75
If Under 1 Year: Months | Days
If Under 24 Hours: Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSE-WIFE
10B. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): BALTIMORE MD.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: NOT KNOWN
14. MOTHER'S MAIDEN NAME: NOT. KNOWN.

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: MISS E. SINNENBURG
ADDRESS: 1540 PATTERSON PK AVE

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cardio Vascular Disease — INTERVAL BETWEEN ONSET AND DEATH: 5 yrs.

DUE TO

(B) Chr. Arteriosclerosis

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C) Chr. Ulcers of Legs — 4 yr.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Acute Cystitis

19A. DATE OF OPERATION: —
19B. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify): —
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.): —
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): —

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.: —
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?: —

22. *I hereby certify that I attended the deceased from* June 1947, *to* Dec-23, 1950, *that I last saw the deceased alive on* Dec 23, 1950, *and that death occurred at* 1:30 A *m., from the causes and on the date stated above.*

23A. SIGNATURE: W. G. Geyer M. D.
23B. ADDRESS: 156 N. Milton Ave
23C. DATE SIGNED: 12/23/50

24A. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: 12/26/50
24C. NAME OF CEMETERY OR CREMATORY: PARKWOOD
24D. LOCATION (City, town, or county) (State): BALTIMORE MD

DATE RECEIVED BY LOCAL REGISTRAR
REGISTRAR'S SIGNATURE
25. FUNERAL DIRECTOR: Klarina F. Hoffman
ADDRESS: 1639 Broadway

DEC 26 1950

VS 150

937

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G-620
50-10970

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50-10970
Registered No.

1. NAME OF DECEASED (Type or Print): MARY M. GROSS

2. DATE OF DEATH: December 21, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Joseph's Hospital
c. Length of stay in Baltimore — Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 8-04
D. STREET ADDRESS (If rural, give location): 2211 Mura Street

5. SEX: female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: JAN. 1, 1878
9. AGE (In years last birthday): 72
If Under 1 Year: Months Days
If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE
10B. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): ANNAPOLIS MD
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: BRADY
14. MOTHER'S MAIDEN NAME: McCLOUGH
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: WM. GROSS — ADDRESS: 2726 KINSEY AVE

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Hypertensive cardiovascular disease
DUE TO

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B)
DUE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* Inquiry & Inspection (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☒, *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

23A. SIGNATURE: Stanley K. Dorlacher M.D.
23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR ☐
23C. DATE SIGNED: 12-22-50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12/26/50
24C. NAME OF CEMETERY OR CREMATORY: Center Cemt
24D. LOCATION (City, town, or county) (State): Fort Hill Md

DATE RECEIVED BY LOCAL REGISTRAR: DEC 24 1950
REGISTRAR'S SIGNATURE: Martha Jane Williams, M.D.
25. FUNERAL DIRECTOR: Clarence F. Hoffmann — ADDRESS: 1639 Broadway

V-S 151

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be correct age is especially important. Physicians: please write the causes of death clearly and legi

V-430

V-430-10971

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50-10971

Registered No.

1. NAME OF DECEASED (Type or Print): EVA VELDA (VELDER)

2. DATE OF DEATH: 12-23-50

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sinai Hospital
C. Length of stay in Baltimore: 37 Yrs. ~~Mos. Days~~

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 3-02
D. STREET ADDRESS (If rural, give location): 104 So Eden St

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH:
9. AGE (In years last birthday): 50 — If Under 1 Year: Months: Days — If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Finisher
10B. KIND OF BUSINESS OR INDUSTRY: Mens Clothing
11. BIRTHPLACE (State or foreign country): (M) Russia
12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Morris
14. MOTHER'S MAIDEN NAME: Annie

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown):
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Beatrice Kolkero — ADDRESS: 1915 N. Pulaski

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Hepatorenal failure
DUE TO Metastatic carcinoma

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Carcinoma of hepatic flexure of colon
DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION: None
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 12-21, 1950 *to* 12-23, 1950, *that I last saw the deceased alive on* 12-23, 1950, *and that death occurred at* 1:05 P.M., *from the causes and on the date stated above.*

23A. SIGNATURE: Joseph Louis Feingold M. D.
23B. ADDRESS: Sinai Hospital
23C. DATE SIGNED: 12-23-50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12-24-50
24C. NAME OF CEMETERY OR CREMATORY: Mt Carmel
24D. LOCATION (City, town, or county) (State): Balto Md

DATE RECEIVED BY LOCAL REGISTRAR: DEC 24 1950
REGISTRAR'S SIGNATURE: [illegible]
25. FUNERAL DIRECTOR: Jack Lewis Inc
ADDRESS: 2100 Eutaw Pl

VS 150

69 d 4G

46E

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given, if supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

P-150
50-10972

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50-10972
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Mrs Rachel Rabineau
2. DATE OF DEATH: 12-23-50

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Levindale
C. Length of stay in Baltimore: 60 Yrs. ~~Mos.~~ ~~Days~~

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): Levindale 27-17

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widow
8. DATE OF BIRTH:
9. AGE (In years last birthday): 87 | If Under 1 Year: Months: Days | If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Russia
12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Abraham
14. MOTHER'S MAIDEN NAME: Not Known

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Jack Rabineau - 2842 Boarman ADDRESS

MEDICAL CERTIFICATION

18. 420.1 and 153X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Acute coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 1/4 hr.
DUE TO
(B)
DUE TO
(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Transverse colostomy because of Carcinoma of Splenic flexure

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7-31, 1949, *to* 12-23, 1950, *that I last saw the deceased alive on* 12-22, 1950, *and that death occurred at* 4:20 a. m., *from the causes and on the date stated above.*

23A. SIGNATURE: Jerome J. Blumberg M. D.
23B. ADDRESS: Levindale Home
23C. DATE SIGNED: 12-23-50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12-24-50
24C. NAME OF CEMETERY OR CREMATORY: Rosedale
24D. LOCATION (City, town, or county) (State): Balto Md

DATE RECEIVED BY LOCAL REGISTRAR: DEC 24 1950
REGISTRAR'S SIGNATURE: [illegible] Williams, M.D.
25. FUNERAL DIRECTOR: Jack Levin Co
ADDRESS: 2100 Eutaw Pl

VS-150

46E

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

S-365
50-10973

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50-10973
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): JEANNETT STERNBERG
2. DATE OF DEATH: 12-22-50

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sinai
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 28-31
D. STREET ADDRESS (If rural, give location): 4411 Crusmer Ave

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH:
9. AGE (In years last birthday): 38
If Under 1 Year: Months: Days
If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): New York N Y
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Harold
14. MOTHER'S MAIDEN NAME: Not known

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: David Sternberg — ADDRESS: Same

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Acute Coronary thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 4 hrs
DUE TO
(B) Chr. coronary disease — 2 years
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec 12, 1949 *to* Dec. 22, 1950, *that I last saw the deceased alive on* Dec. 22, 1950, *and that death occurred at* 11 P *m., from the causes and on the date stated above.*

23A. SIGNATURE: Dr Bernard [illegible] M. D.
23B. ADDRESS: Marlboro Md
23C. DATE SIGNED: 12-22-50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12-24-50
24C. NAME OF CEMETERY OR CREMATORY: Rosedale
24D. LOCATION (City, town, or county) (State): Balto Md

DATE RECEIVED BY LOCAL REGISTRAR: DEC 24 1950
REGISTRAR'S SIGNATURE: [illegible] Williams M.D.
25. FUNERAL DIRECTOR: Jack Levin Inc
ADDRESS: 2100 Eutaw Pl

VS 150

94a

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Bernard Cohen

13-650
50-10974

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50-10974
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Lena Brown

2. DATE OF DEATH: Dec. 21, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1505 N. Dallas ST
C. Length of stay in Baltimore: Yrs. Mos. Days Life

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 8-06
D. STREET ADDRESS (If rural, give location): 1505 N. Dallas St

5. SEX: Female
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: May 23, 1893
9. AGE (In years last birthday): 57 — If Under 1 Year: Months, Days — If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Va.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Frank Nelson
14. MOTHER'S MAIDEN NAME: Lizzie Edwards

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): —
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: George Brown — ADDRESS: 1505 N. Dallas

MEDICAL CERTIFICATION

18. 331X

CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebro-Vascular Accident — INTERVAL BETWEEN ONSET AND DEATH: 9 days

DUE TO

ANTECEDENT CAUSES

(B) Hypertension — ?

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12/12/50, 19__, *to* 12/21, 1950, *that I last saw the deceased alive on* 12/19, 1950 *and that death occurred at* 9:40 A. m., *from the causes and on the date stated above.*

23A. SIGNATURE: J. Purton Grant M. D.
23B. ADDRESS: 601 N. Carrollton
23C. DATE SIGNED: 12/22/50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: Dec. 24/50
24C. NAME OF CEMETERY OR CREMATORY: Mt Auburn Cem
24D. LOCATION (City, town, or county) (State): A. A. County Md.

DATE RECEIVED BY LOCAL REGISTRAR: DEC 24 1950
REGISTRAR'S SIGNATURE: Christine Williams M.D.
25. FUNERAL DIRECTOR: Mrs. Robert A. Elliott Daughter
ADDRESS: 1129 N. Carline St.

83a

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

T-6 50-10975

50-10975

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): MARY T. THORPE

2. DATE OF DEATH: 12-23-50

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2109 HOLLINS ST.
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)
A. STATE: MD
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BALTIMORE 20-04
D. STREET ADDRESS (If rural, give location): 2109 HOLLINS ST.

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): WIDOW
8. DATE OF BIRTH: 4-28-1865
9. AGE (In years last birthday): 85
If Under 1 Year: Months / Days
If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): NONE
10B. KIND OF BUSINESS OR INDUSTRY: NONE
11. BIRTHPLACE (State or foreign country): MD.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: HENRY BURNS
14. MOTHER'S MAIDEN NAME: ANN McCARTHY

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): NO
(If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT: ANNA BURNS
ADDRESS: 2109 HOLLINS ST.

MEDICAL CERTIFICATION

18. 422.1

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Arteriosclerotic C.V. Disease — 2 yrs

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* March 19 50 *to* Dec 23 19 50, *that I last saw the deceased alive on* 12/22 19 50, *and that death occurred at* 12 40 p.m., *from the causes and on the date stated above.*

23A. SIGNATURE: C. R. Schlosinski M. D.
23B. ADDRESS: 1945 W Baltimore St
23C. DATE SIGNED: 12/23/50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12-26-50
24C. NAME OF CEMETERY OR CREMATORY: Cathedral
24D. LOCATION (City, town, or county) (State): Balto. Md

DATE RECEIVED BY LOCAL REGISTRAR: DEC 24 1950
REGISTRAR'S SIGNATURE: Martin Lee Williams, M.D.
25. FUNERAL DIRECTOR: George A. Farley
ADDRESS: Fulton Ave & Fayette St

VS 150

937

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

H-250
50-10976

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50-10976
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): FLODIE A. HUSAN.

2. DATE OF DEATH: Dec 23, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2122 Druid Park Drive
C. Length of stay in Baltimore: Life (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN. (If outside corporate limits, write RURAL and give township): Baltimore 13-08
D. STREET ADDRESS (If rural, give location): 2122 Druid Park Drive

5. SEX: Female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): widow.
8. DATE OF BIRTH: Sept 22 1879
9. AGE (In years last birthday): 71
If Under 1 Year: Months: Days
If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework.
10B. KIND OF BUSINESS OR INDUSTRY: –
11. BIRTHPLACE (State or foreign country): Maryland.
12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Frank C. Chalk.
14. MOTHER'S MAIDEN NAME: Mary P. Stone

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown):
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Mabel R. Wingate — ADDRESS: 4125 Falls Rd

MEDICAL CERTIFICATION

18. 175X

CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Carcinoma of right ovary

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C) Metastasis

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION: Sept. 19-1949
19B. MAJOR FINDINGS OF OPERATION: Carcinoma of right ovary
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept 13, 1949 *to* Dec 23, 1950, *that I last saw the deceased alive on* Dec 23, 1950, *and that death occurred at* 2:0 m., *from the causes and on the date stated above.*

23A. SIGNATURE: Benjamin Kader M. D.
23B. ADDRESS: 2306 Eutaw Pl Balto Md
23C. DATE SIGNED: 12-23-50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: Dec 26/50
24C. NAME OF CEMETERY OR CREMATORY: Druid Ridge
24D. LOCATION (City, town, or county) (State): Pikesville - Md.

DATE RECEIVED BY LOCAL REGISTRAR: DEC 24 1950
REGISTRAR'S SIGNATURE:
25. FUNERAL DIRECTOR: Austin C. Donovan
ADDRESS: 3818 Roland Ave

VS 180

49a

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

P-625

50-10977

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 50-10977

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Mary McCoy Perkins

2. DATE OF DEATH: Dec. 22, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1325 Eutaw Place
C. Length of stay in Baltimore: Yrs. life Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 11-04
D. STREET ADDRESS (If rural, give location): 1325 Eutaw Place

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Nov. 22, 1870
9. AGE (In years last birthday): 80 — If Under 1 Year: Months, Days — If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: At Home
11. BIRTHPLACE (State or foreign country): Baltimore Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME
14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Maurice E. Perkins — ADDRESS: Same

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Metastatic cancer of heart — INTERVAL BETWEEN ONSET AND DEATH: 3 years

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Hypertensive cardio vascular disease ?

19A. DATE OF OPERATION: None
19B. MAJOR FINDINGS OF OPERATION: None
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov 1949 *to* 22 Dec 1950, *that I last saw the deceased alive on* 22 Dec 1950, *and that death occurred at* 7:20 p.m., *from the causes and on the date stated above.*

23A. SIGNATURE: Ernest S. Cross M. D.
23B. ADDRESS: 1030 N. Calvert Street
23C. DATE SIGNED: 22 Dec 50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: Dec. 26/50
24C. NAME OF CEMETERY OR CREMATORY: Loudon Park
24D. LOCATION (City, town, or county) (State): Baltimore Md

DATE RECEIVED BY LOCAL REGISTRAR
REGISTRAR'S SIGNATURE: for Williams M.D.
25. FUNERAL DIRECTOR: A. Billingsley & Son
ADDRESS: 1300 Eutaw Pl

DEC 24 1950

50 '7

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

DR GRILL 1221 N LUZERNE AVE.

H-200 50-10978

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50-10978

Registered No.

1. NAME OF DECEASED (Type or Print): CATHERINE T. HOGG

2. DATE OF DEATH: Dec. 23, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland 2004 Ashland Avenue
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): NA
C. Length of stay in Baltimore: 9 Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 7-04
D. STREET ADDRESS (If rural, give location): 2004 Ashland Avenue

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: 5/6/75
9. AGE (In years last birthday): 75 — If Under 1 Year: Months, Days — If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework
10B. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): York, Virginia
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Richardson
14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Mrs. Nettie Emery — ADDRESS: 2004 Ashland Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Acute Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 2 hrs.

DUE TO

ANTECEDENT CAUSES

(B) generalized arteriosclerosis — ?

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Arteriosclerotic Cardio-vascular Disease — ?

19A. DATE OF OPERATION 6
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June, 1950, *to* Dec. 23, 1950, *that I last saw the deceased alive on* Dec. 23, 1950, *and that death occurred at* 11 P. m., *from the causes and on the date stated above.*

23A. SIGNATURE: Leonard Grill M. D.
23B. ADDRESS: 1221 N. Luzerne Ave
23C. DATE SIGNED: Dec. 24, 1950

24A. BURIAL, CREMATION, REMOVAL (Specify): Removal
24B. DATE: Dec. 24, 1950
24C. NAME OF CEMETERY OR CREMATORY: Seaford Cem.
24D. LOCATION (City, town, or county) (State): Seaford, Virginia

DATE RECEIVED BY LOCAL REGISTRAR: DEC 24 1950
REGISTRAR'S SIGNATURE: [illegible]
25. FUNERAL DIRECTOR: William Cooke Inc. — ADDRESS: 1217 St. Paul Street

VS 150

93D

N-550 50-10979

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50-10979

Registered No.

1. NAME OF DECEASED (Type or Print): CHARLES NEWMAN

2. DATE OF DEATH: DEC 21, 50

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): UNIVERSITY HOSP.
C. Length of stay in Baltimore — Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MD.
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Balto. Md. 14-03
D. STREET ADDRESS (If rural, give location): 1823 Union St.

5. SEX: M
6. COLOR OR RACE: C
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): (circled: SINGLE)
8. DATE OF BIRTH: 12/12/1885
9. AGE (In years last birthday): 65 — If Under 1 Year: Months, Days; If Under 24 Hours: Hours, Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Porter
10B. KIND OF BUSINESS OR INDUSTRY: Hospital
11. BIRTHPLACE (State or foreign country): Richmond Va.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Thomas Henry Newman
14. MOTHER'S MAIDEN NAME: Winnie Ann Taylor
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Mrs. Fred Newman — ADDRESS: 1622 Ettingt.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cor Pulmonale — INTERVAL BETWEEN ONSET AND DEATH: 10 mos yrs.

DUE TO

ANTECEDENT CAUSES

(B) Chronic Pulmonary fibrosis

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12-13, 1950, *to* 12-21, 1950, *that I last saw the deceased alive on* 12-21, 1950, *and that death occurred at* 1:15 p m., *from the causes and on the date stated above.*

23A. SIGNATURE: Edmund B. Middleton M. D.
23B. ADDRESS: University Hospital
23C. DATE SIGNED: 12-21-50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12/24/50
24C. NAME OF CEMETERY OR CREMATORY: Mt Auburn
24D. LOCATION (City, town, or county) (State): Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR: DEC 24 1950
REGISTRAR'S SIGNATURE: [illegible] Williams M.D.
25. FUNERAL DIRECTOR: Holland Funeral Home
ADDRESS: 1631 Druid Hill Ave.

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114E

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

P-636 50-10980

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50-10980
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Armond Porter Sr.

2. DATE OF DEATH: Dec. 19, 1950

3. PLACE OF DEATH: A. Baltimore City, Maryland Md.

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1508 Divison Street

C. Length of stay in Baltimore: 73 Yrs. (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Balto Md.
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Balto.Md. 14-02
D. STREET ADDRESS (If rural, give location): 1508 Divison Street

5. SEX: Male
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Feb. 18, 1875
9. AGE (In years last birthday): 75 — If Under 1 Year: Months, Days — If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Proprieter
10B. KIND OF BUSINESS OR INDUSTRY: Hotel
11. BIRTHPLACE (State or foreign country): Wilmington N.C.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Mary Queen

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Mrs. Victoria Mathews — ADDRESS: 1508 Divison St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Myocardial Degeneration — INTERVAL BETWEEN ONSET AND DEATH: 1 mo.

DUE TO

ANTECEDENT CAUSES

(B) Generalized Arteriosclerosis — 6 mo

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 11-17, 1950, *to* 12-19, 1950, *that I last saw the deceased alive on* 12-19, 1950, *and that death occurred at* 6:00 P *m., from the causes and on the date stated above.*

23A. SIGNATURE: J. Franklin Phillips M. D.
23B. ADDRESS: 1543 Vernon Ave
23C. DATE SIGNED: 12/22/50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12/26/50
24C. NAME OF CEMETERY OR CREMATORY: Arbutus Mem Pk.
24D. LOCATION (City, town, or county) (State): Balto Co.

DATE RECEIVED BY LOCAL REGISTRAR: DEC 24 1950
REGISTRAR'S SIGNATURE: [illegible] M.D.
25. FUNERAL DIRECTOR: Holland Funeral Home
ADDRESS: 1631 Druid Hill Ave.

93D

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

7

S-316

50-10981

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50-10981

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Antonia P. Stavracos (Stavracos)

2. DATE OF DEATH: 12.24.4.4

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 411 Patapsco Ave
C. Length of stay in Baltimore: 5 years (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write "Rural" and give township): Baltimore 25-04
D. STREET ADDRESS (If rural, give location): 411 Patapsco Ave.

5. SEX: F.
6. COLOR OR RACE: W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH:
9. AGE (In years last birthday): 78 — If Under 1 Year: Months, Days — If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Greece
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: andreas Kostakos
14. MOTHER'S MAIDEN NAME: -

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Pauline R. Kouzabas — ADDRESS:

MEDICAL CERTIFICATION

18. 522X

CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) decompensated heart failure — INTERVAL BETWEEN ONSET AND DEATH: 3 months

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Pulmonary Edema,

DUE TO

(C) Tbc ?

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1.W, 1950, *to* 12, 24, 1950, *that I last saw the deceased alive on* 12.23, 1950, *and that death occurred at* 4.7.4 m., *from the causes and on the date stated above.*

23A. SIGNATURE: Eugene Schuiger M. D.
23B. ADDRESS: 3904 S. Hanover
23C. DATE SIGNED: 12.24.50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12-27-50
24C. NAME OF CEMETERY OR CREMATORY: Mt. Olivet
24D. LOCATION (City, town, or county) (State): Brooklyn · New York

DATE RECEIVED BY LOCAL REGISTRAR: DEC 24 1950
REGISTRAR'S SIGNATURE: [illegible]
25. FUNERAL DIRECTOR: Lambros, Inc.
ADDRESS: 440 E. North Ave.

VS 150

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M# 460

50-10982

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50-10982

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Margaret E. Miller

2. DATE OF DEATH: Dec. 22-1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 4403 Marble Hall Rd.
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 4403 Marble Hall Road

5. SEX: Female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Sept. 22-1884
9. AGE (in years last birthday): 66
If Under 1 Year: Months: Days
If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): at home
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Baltimore Md
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Edward Mc Gann
14. MOTHER'S MAIDEN NAME: Margaret Hughes.

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Mr. John S. Miller
ADDRESS: 4403 Marble Hall

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Malnutrition, hemorrhage
DUE TO metastasis from liver
(B) Carcinoma of liver — 11 mos.
DUE TO
(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept 1, 1950, *to* Dec 22, 1950, *that I last saw the deceased alive on* Dec 22, 1950, *and that death occurred at* 10:15a m., *from the causes and on the date stated above.*

23A. SIGNATURE: Charles E. MacMunn M. D.
23B. ADDRESS: 2900 E. Baltimore St.
23C. DATE SIGNED: Dec 22, 1950

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12/26/50
24C. NAME OF CEMETERY OR CREMATORY: Holy Redeemer
24D. LOCATION (City, town, or county) (State): Balt Md

DATE RECEIVED BY LOCAL REGISTRAR: DEC 24 1950
REGISTRAR'S SIGNATURE: [illegible] Williams, M.D.
25. FUNERAL DIRECTOR: L. J. Luck
ADDRESS: 5305 Harford Rd

46E

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and l...

MARGIN RESERVED FOR BINDING

Dr. Mac Minn
1643 Pentwood Rd.

H 520
50-10983

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50-10983
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Timothy L. Hennessey

2. DATE OF DEATH: Dec. 24 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 5517 Pioneer drive
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 27-06
D. STREET ADDRESS (If rural, give location): 5517 Pioneer drive

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: Feb. 15-1872
9. AGE (In years last birthday): 78
If Under 1 Year: Months: Days
If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Policeman
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Tompkinstown N. Y.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Thomas Hennessey
14. MOTHER'S MAIDEN NAME: Catherine ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Mrs Catherine Mac Granem. ADDRESS: same

MEDICAL CERTIFICATION

18. 4222

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Chronic Myocarditis
DUE TO
(B)
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 1, 19~~49~~, *to* 12/24, 19 50, *that I last saw the deceased alive on* 12/23, 19 50, *and that death occurred at* 3 a. m., *from the causes and on the date stated above.*

23A. SIGNATURE: Drew W. Galley M. D.
23B. ADDRESS: 5703 Harford Rd
23C. DATE SIGNED: 12/24/50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12/27/50
24C. NAME OF CEMETERY OR CREMATORY: Sleepy Hollow
24D. LOCATION (City, town, or county) (State): N. Y.

DATE RECEIVED BY LOCAL REGISTRAR: DEC 24 1950
REGISTRAR'S SIGNATURE: [illegible] Williams, M.D.
25. FUNERAL DIRECTOR: L. J. Luck
ADDRESS: 5305 Harford Rd

VS 150

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

Dr. Golley

B-660
F-420

50-10984

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50-10984

1. NAME OF DECEASED (Type or Print): Helen M Brewer * Folks

2. DATE OF DEATH: 12-22-50

3. PLACE OF DEATH: A. Baltimore City, Maryland 2230 Hamburg St Balto Md

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

C. Length of stay in Baltimore: Life Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: 2230 Hamburg St Balto Md
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township): Balto Md 25-43
D. STREET ADDRESS (If rural, give location)

5. SEX: Femal e
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
8. DATE OF BIRTH: June 3rd I90I ?
9. AGE (In years last birthday): 49 ? If Under 1 Year: Months Days; If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Balto Md
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: ----------
14. MOTHER'S MAIDEN NAME: ----------

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Vincent rewer
ADDRESS: 3I7 Scott St Balto Md -30

MEDICAL CERTIFICATION

18. 442X

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral Hemorrhage — 2 days.

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Hypertensive Cardiovascular Renal Disease — 2 years

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1-26, 19[illegible], *to* 12-22, 1950, *that I last saw the deceased alive on* 12-22, 1950, *and that death occurred at* 11:40 A m., *from the causes and on the date stated above.*

23A. SIGNATURE: John P. Urlock, Jr M. D.
23B. ADDRESS: 1227 Wash. Blvd
23C. DATE SIGNED: 12-23-50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: I2-26-50
24C. NAME OF CEMETERY OR CREMATORY: Loudon Pk Cem
24D. LOCATION (City, town, or county) (State): Frederick Rd

DATE RECEIVED BY LOCAL REGISTRAR
REGISTRAR'S SIGNATURE: [illegible] Williams M.D.
25. FUNERAL DIRECTOR: Edward J. Toulson
ADDRESS: 2357 Wash Blvd Balto 30 Md

DEC 24 1950

131a

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M 220

50-10985

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50-10985

Registered No.

BIRTH NO.

LAWRENCE 2

1. NAME OF DECEASED (Type or Print): M. Lawrence G. Mc Hugh

2. DATE OF DEATH: 12-23-50

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bon Secours Hospital.
C. Length of stay in Baltimore: Yrs. Mos. Days: Life

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Balto. — 24-03
D. STREET ADDRESS (If rural, give location): 401 Warren Ave. —

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 2-26-82
9. AGE (In years last birthday): 68
If Under 1 Year: Months: Days
If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Supt. of Repairs
10B. KIND OF BUSINESS OR INDUSTRY: Tow Boat Co.
11. BIRTHPLACE (State or foreign country): Balto. —
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Lawrence G. Mc Hugh Sr.
14. MOTHER'S MAIDEN NAME: Catherine Haugherty

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Bessie M. Mc Hugh
ADDRESS: 401 Warren Ave

MEDICAL CERTIFICATION

18. 163x

CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Acute heart failure. —

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Right pleural effusion

DUE TO

(C) ~~Lymphatic leukemia.~~

INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Metastasic carcinoma of lungs.

19A. DATE OF OPERATION: 2
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12-20, 1950, *to* 12-23, 1950, *that I last saw the deceased alive on* 12-22, 1950 *and that death occurred at* 7.50 *a.m., from the causes and on the date stated above.*

23A. SIGNATURE: [signature] M. D.
23B. ADDRESS: Bon Secours Hospital
23C. DATE SIGNED: 12-23-50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12/26/1950
24C. NAME OF CEMETERY OR CREMATORY: Cathedral
24D. LOCATION (City, town, or county) (State): Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR: DEC 24 1950
REGISTRAR'S SIGNATURE: [signature]
25. FUNERAL DIRECTOR: Flynn & Fleming
ADDRESS: 1426 Light St.

VS 450

29055

47D

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

H 534 50-10986

HANDLEY

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50-10986

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Gertrude A. Handley

2. DATE OF DEATH: 12-20-50

3. PLACE OF DEATH:
A. Baltimore City, Maryland Redwood + Greene Sts
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): University H.
C. Length of stay in Baltimore (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MD.
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 303 S. Gilmor St.

5. SEX: Female
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widow
8. DATE OF BIRTH: Apr. 27-1879
9. AGE (In years last birthday): 71 — If Under 1 Year: Months: Days — If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10B. KIND OF BUSINESS OR INDUSTRY: at Home
11. BIRTHPLACE (State or foreign country): Baltimore
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: George R. Purdy.
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Mrs. Minerva Whalen — ADDRESS: 2664 Wilkens ave

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Arteriosclerosis CVD.

DUE TO

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B) Pneumonitis, left.

DUE TO

(C) possible C.V.A.

INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* ____, 19__, *to* ____, 19__, *that I last saw the deceased alive on* 12-20, 19 50, *and that death occurred at* 10 30 P m., *from the causes and on the date stated above.*

23A. SIGNATURE: Herbert K. Myers M. D.
23B. ADDRESS: Univ. Hosp.
23C. DATE SIGNED: 12-20-50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12-23-50
24C. NAME OF CEMETERY OR CREMATORY: Western Cemetery
24D. LOCATION (City, town, or county) (State): Baltimore Md

DATE RECEIVED BY LOCAL REGISTRAR: DEC 24 1950
REGISTRAR'S SIGNATURE: [illegible] Williams, M.D.
25. FUNERAL DIRECTOR: Geo. T. Beyer Jr.
ADDRESS: 1512 Hollins St

VS-150

937

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

S-552

BIRTH NO. 50-10987

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50-10987
Registered No.

1. NAME OF DECEASED (Type or Print): LEOKADIA SZYMANSKA
2. DATE OF DEATH: 12/22/50

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 3030 HUDSON ST.
C. Length of stay in Baltimore: 50 Yrs. ~~Mos.~~ ~~Days~~

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A. STATE: MD.
B. COUNTY: —
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BALTIMORE 1-01
D. STREET ADDRESS (If rural, give location): 3030 HUDSON ST.

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): W
8. DATE OF BIRTH: DEC. 9, 1858
9. AGE (In years last birthday): 92
If Under 1 Year: Months: Days
If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE
10B. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): POLAND
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: WLODAREK
14. MOTHER'S MAIDEN NAME: UNKNOWN

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: ANNA KRAWCZYK ADDRESS: 2712 RUECKERT Ave

MEDICAL CERTIFICATION

18. 422.1

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) CONGESTIVE HEART FAILURE

DUE TO

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B) ARTERIOSCLEROTIC CARDIO-VASCULAR DISEASE

DUE TO

(C) GENERALIZED ARTERIOSCLEROSIS.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* NOV. 1 *19*50 *to* DEC. 22, *19*50 *that I last saw the deceased alive on* DEC. 22, *19*50 *and that death occurred at* 2:30 *p.m., from the causes and on the date stated above.*

23A. SIGNATURE: Henry J. Houska M. D.
23B. ADDRESS: 333 S. East Ave.
23C. DATE SIGNED: 12/22/50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12-26-50
24C. NAME OF CEMETERY OR CREMATORY: St. Stanislaus
24D. LOCATION (City, town, or county) (State): Dundalk Ave.

DATE RECEIVED BY LOCAL REGISTRAR: DEC 24 1950
REGISTRAR'S SIGNATURE: [illegible] Williams, M.D.
25. FUNERAL DIRECTOR: John J. Dudzinc
ADDRESS: 2829 Hudson St.

VS 450

93D

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

B-200

50-10988

50-10988

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. X

BIRTH NO. 50-26900

1. NAME OF DECEASED (Type or Print): Bak, Baby Girl

2. DATE OF DEATH: Dec. 24, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland — Baltimore

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mercy Hospital

C. Length of stay in Baltimore: Life — Yrs. ~~Mos.~~ Days 17

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: Balto.
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 1857 Portship Road

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Infant
8. DATE OF BIRTH: Dec. 7, 50
9. AGE (In years last birthday): ~~If under 1 year~~ Months | Days: 17 | If under 24 Hours: Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Bernard S. Bak
14. MOTHER'S MAIDEN NAME: Antoinette Stefonowiz

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: No
17. INFORMANT: (Above) (Mother) ADDRESS:

MEDICAL CERTIFICATION

18. 776x

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) Immaturity — INTERVAL BETWEEN ONSET AND DEATH: 17 day

DUE TO

(B) Prematurity

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec 7, 1950, *to* Dec 24, 1950, *that I last saw the deceased alive on* Dec 24, 1950, *and that death occurred at* 11:00 Am., *from the causes and on the date stated above.*

23A. SIGNATURE: Mary E. Matthew M. D.
23B. ADDRESS: Mercy Hospital
23C. DATE SIGNED: Dec. 24, 1950

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: Dec. 26, 1950
24C. NAME OF CEMETERY OR CREMATORY: St Stanislaus
24D. LOCATION (City, town, or county) (State): Baltimore

DATE RECEIVED BY LOCAL REGISTRAR: DEC 24 1950
VS 150

REGISTRAR'S SIGNATURE: [illegible] Williams, M.D.

29. FUNERAL DIRECTOR: Fred W. Ozazewski
ADDRESS: 1980 Eastern Ave

159

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be complete. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

K-640 50-10989

50-10989

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): HELEN KURYLA

2. DATE OF DEATH: DEC 22 - 50

3. PLACE OF DEATH:
A. Baltimore City, Maryland 2015 E. LOMBARD ST.
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)
C. Length of stay in Baltimore Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MD.
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BALTIMORE
D. STREET ADDRESS (If rural, give location): 420 S. DUNCAN ST

1-05

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED
8. DATE OF BIRTH: 1899
9. AGE (In years last birthday): 51 | If Under 1 Year: Months, Days | If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10B. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): POLAND
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: FRANK POSWIATKOWSKI
14. MOTHER'S MAIDEN NAME: EVA MIEDZWIECKI

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 217039448
17. INFORMANT: JOHN KURYLA ADDRESS

MEDICAL CERTIFICATION

18. 592X

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Uremic Coma — Dec 16 50

DUE TO

ANTECEDENT CAUSES

(B) Chr. Nephritis — Aug 1 49

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C) Chr. Myocarditis — Aug 1 49

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov 1, 1950, *to* Dec 22, 1950, *that I last saw the deceased alive on* Dec 22, 1950, *and that death occurred at* Dec 22 *m. from the causes and on the date stated above.*

23A. SIGNATURE: William J. Rosner M. D.
23B. ADDRESS: Balt. Poc. ~ Columbia
23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: Dec. 26/50
24C. NAME OF CEMETERY OR CREMATORY: HOLY ROSARY
24D. LOCATION (City, town, or county) (State): BALTIMORE

DATE RECEIVED BY LOCAL REGISTRAR: DEC 24 1950
REGISTRAR'S SIGNATURE: [illegible]
25. FUNERAL DIRECTOR: Fred M. Ozazewski
ADDRESS: 1930 Eastern Ave

VS 150

1316

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

455
50-10990

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50-10990
Registered No.

1. NAME OF DECEASED (Type or Print): Harry Clair Fleming

2. DATE OF DEATH: December 24, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Union Memorial Hospital

C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 1545 Sherwood Ave.

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: April 14, 1889
9. AGE (In years last birthday): 61
If Under 1 Year: Months: Days
If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Electrical Engineer
10B. KIND OF BUSINESS OR INDUSTRY: U.S. Govt
11. BIRTHPLACE (State or foreign country): Pennsylvania
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: David Fleming
14. MOTHER'S MAIDEN NAME: Sarah Rairrigh

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): unknown (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Marie Miller Fleming
ADDRESS: 1545 Sherwood Ave. Balto

MEDICAL CERTIFICATION

CAUSE OF DEATH

18. 420.1

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Coronary thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 1 week

DUE TO

ANTECEDENT CAUSES

(B) arteriosclerotic heart disease — 7 years

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec. 18, 1950 *to* Dec. 24, 1950, *that I last saw the deceased alive on* Dec. 24, 1950 *and that death occurred at* 9 45 Am., *from the causes and on the date stated above.*

23A. SIGNATURE: Alfred S. Nelson M.D.
23B. ADDRESS: Union Memorial Hospital Baltimore 3 Maryland
23C. DATE SIGNED: Dec 24, 1950

24A. BURIAL, CREMATION, REMOVAL (Specify): Removal
24B. DATE: 12/24/50
24C. NAME OF CEMETERY OR CREMATORY: Greenwood
24D. LOCATION (City, town, or county) (State): Indiana, Pa

DATE RECEIVED BY LOCAL REGISTRAR: DEC 25 1950
REGISTRAR'S SIGNATURE: Huntington Williams M.D.
25. FUNERAL DIRECTOR: Wm Cox Inc
ADDRESS: 1211 St Paul St

VS 150

044 91

93D

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

W-362
50-10991

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50-10991
Registered No.

1. NAME OF DECEASED (Type or Print): Henry Whitehurst
2. DATE OF DEATH: 12-21, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 22 N. Poppleton St.
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Balto.
D. STREET ADDRESS (If rural, give location): 22 N. Poppleton St.

18-01

5. SEX: Male
6. COLOR OR RACE: Col.
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widow
8. DATE OF BIRTH: June 3, 1887
9. AGE (In years last birthday): 63
If Under 1 Year: Months: Days
If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Fishermen
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Norfolk Va.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Samuel Whitehurst.
14. MOTHER'S MAIDEN NAME: Edith ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Emma Simpson
ADDRESS: 22 N. Poppleton St.

MEDICAL CERTIFICATION

18. 422.1

CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Cardiac Vascular Disease 1 year

DUE TO

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec 1, 19 5 *to* Dec 21, 19 5, *that I last saw the deceased alive on* Dec 21, 19 5, *and that death occurred at* 10:15 A *m., from the causes and on the date stated above.*

23A. SIGNATURE: W. H. Watts M. D.
23B. ADDRESS: 515 Cathedral
23C. DATE SIGNED: 12/24/5

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: Dec 24, 1950
24C. NAME OF CEMETERY OR CREMATORY: Norfolk Va.
24D. LOCATION (City, town, or county) (State): Norfolk Va.

DATE RECEIVED BY LOCAL REGISTRAR: DEC 25 1950
REGISTRAR'S SIGNATURE: [illegible]
25. FUNERAL DIRECTOR: Mrs. Katie R. Williams, Schwedes
ADDRESS: 322 N

VS 150

91012

93D

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

K-400

50-10992

X (CWW)

50-10992

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information or . The correct age is especially important. Physicians: please write the causes of death clearly and

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH: COUNTY Baltimore City MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore City
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Hood Nursing Home 5313 Edmondson Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore City
STREET ADDRESS (If rural give location) Chestertown 6421

3. NAME OF DECEASED (Type or Print) (First) Hallie (Middle) C. (Last) Kelley
4. DATE OF DEATH (Month) Dec. (Day) 24, (Year) 1950 19

5. SEX female
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH July 23, 1866
9. AGE last birthday 84 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (State or foreign country) Kent Co. Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME S. Franklin Smith
14. MOTHER'S MAIDEN NAME Mary Elizabeth Chambers

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)
(If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Dr. Frank Smith Chestertown, Md. R.F.D.

422.1

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Myocardial Failure — 2 days

Antecedent cause(s) (b) Arterio Sclerotic C.V.D. — 5 yrs

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-6, 1950, to 12-24, 1950, that I last saw the deceased alive on 12-24, 1950, and that death occurred at 6:10 P m., from the causes and on the date stated above.

SIGNATURE James E. Howell (Degree or title) ADDRESS Oxford Md DATE SIGNED 12/24

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE Dec. 27, 1950
NAME OF CEMETERY OR CREMATORY Chester Cem
LOCATION (City, town, or county) (State) Chestertown Kent Co. Md.

DATE REC'D BY LOCAL REG. DEC 25 1950
REGISTRAR'S SIGNATURE [illegible]
24. FUNERAL DIRECTOR J. Willis Wells - Chestertown, Md ADDRESS

93D

Called Nursing Home for usual residence 12-26-50

J 525

50-10993 (Walter)

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50-10993

Registered No.

1. NAME OF DECEASED (Type or Print): Water Scott Johnson

2. DATE OF DEATH: 12/24/50

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): University Hospital
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY: Prince George
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Clintor
D. STREET ADDRESS (If rural, give location): Rural Route 1 6600

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: March 21, 1870
9. AGE (In years last birthday): 80
If Under 1 Year: Months: Days: If Under 24 Hours: Hours: Min.:
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): conductor
10B. KIND OF BUSINESS OR INDUSTRY: Railroad
11. BIRTHPLACE (State or foreign country): Stanlonsburg, N. Carolina
12. CITIZEN OF WHAT COUNTRY?: US
13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: unknown
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): no
(If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.:
17. INFORMANT: Charles D. Coleman
ADDRESS: Box 106 Clinton, Md.

MEDICAL CERTIFICATION

18. 177X

CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Uremia

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Unknown; possible carcinoma prostate

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12/23, 1950, *to* 12/24, 1950, *that I last saw the deceased alive on* 12/23, 1950, *and that death occurred at* 24 m., *from the causes and on the date stated above.*

23A. SIGNATURE: Fred R. McClenny Jr. M. D.
23B. ADDRESS: University Hospital
23C. DATE SIGNED: 12/24/50

24A. BURIAL, CREMATION, REMOVAL (Specify): Removal
24B. DATE: 12-25-50
24C. NAME OF CEMETERY OR CREMATORY:
24D. LOCATION (City, town, or county) (State): Raleigh, North Carolina

DATE RECEIVED BY LOCAL REGISTRAR: DEC 25 1950
REGISTRAR'S SIGNATURE: [illegible] Williams M.D.
25. FUNERAL DIRECTOR: Tom J. Tickner & Sons Inc. Palace
ADDRESS: Balto. Md. 51B

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M 262

IDA KERNS MAZERSKI

50-10994

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50-10994

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Mrs. Ida Kerns Mazerski

2. DATE OF DEATH: 12/25/50

3. PLACE OF DEATH:
A. Baltimore City, Maryland: Balto
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mercy Hosp
C. Length of stay in Baltimore: Yrs. Mos. Days: Life

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY: Baltimore
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 9-01
D. STREET ADDRESS (If rural, give location): 3814 Rexmere Rd.

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 6/9/97
9. AGE (In years last birthday): 53
If Under 1 Year: Months: Days
If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Police Matron
10B. KIND OF BUSINESS OR INDUSTRY: City
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: GEORGE Gosecki
14. MOTHER'S MAIDEN NAME: Agnes Novak

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown):
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: From Hosp. Records
ADDRESS:

MEDICAL CERTIFICATION

18. 581.0

CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Hepatic Cirrhosis — INTERVAL BETWEEN ONSET AND DEATH: unknown
DUE TO Etiology Undetermined

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)
DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 2
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12/22, 1950, *to* 12/25, 1950, *that I last saw the deceased alive on* 12/23, 1950, *and that death occurred at* 5:25 Am., *from the causes and on the date stated above.*

23A. SIGNATURE: Charles R. Leland M. D.
23B. ADDRESS: Mercy Hosp
23C. DATE SIGNED: 12/25/50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12-26-50
24C. NAME OF CEMETERY OR CREMATORY: Holy Rosary
24D. LOCATION (City, town, or county) (State): Balto

DATE RECEIVED BY LOCAL REGISTRAR: DEC 25 1950
REGISTRAR'S SIGNATURE:
25. FUNERAL DIRECTOR: J. S. J. Hunt & Son
ADDRESS: 3001 Kentucky Ave

VS 150

763 95

124 B

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be [illegible]. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

R-150

50-10995

BIRTH NO. 50-10995

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

1. NAME OF DECEASED (Type or Print): HARRY RUBIN

2. DATE OF DEATH: 12-24-50

3. PLACE OF DEATH:
A. Baltimore City, Maryland 4613 Park Heights Ave
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mt Sinai Home
C. Length of stay in Baltimore: 35 Yrs. ~~Mos.~~ ~~Days~~

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
STATE: Md
B. COUNTY
C. CITY OR TOWN (If outside corporate limits write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 3704 Park Heights Ave

15-12

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH
9. AGE (In years last birthday): 69 — If Under 1 Year: Months, Days — If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Baker
10B. KIND OF BUSINESS OR INDUSTRY: Bakery (Ret)
11. BIRTHPLACE (State or foreign country): Russia
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Not Known
14. MOTHER'S MAIDEN NAME: Not Known

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Joseph Kushner — ADDRESS: 1827 E. Fairmount Ave

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Carcinoma of Stomach. — INTERVAL BETWEEN ONSET AND DEATH: 6 Mos.
DUE TO

ANTECEDENT CAUSES

(B)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
DUE TO
(C)

151X

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: Sept 16-1950
19B. MAJOR FINDINGS OF OPERATION: Inoperable Carcinoma of S/o Mach.
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec. 14, 1950 *to* Dec. 24, 1950, *that I last saw the deceased alive on* Dec. 23, 1950, *and that death occurred at* 3:50 *m., from the causes and on the date stated above.*

23A. SIGNATURE: Albert Hurwitz M.D.
23B. ADDRESS: 1801 Eutaw Pl
23C. DATE SIGNED: 12/24/50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12-25-50
24C. NAME OF CEMETERY OR CREMATORY: United Hebrew
24D. LOCATION (City, town, or county) (State): Balto Md

DATE RECEIVED BY LOCAL REGISTRAR: DEC 25 1950
REGISTRAR'S SIGNATURE: [illegible] Williams M.D.
25. FUNERAL DIRECTOR: Jack Kendrick
ADDRESS: 2100 Eutaw Pl

VS 150

50044

46B

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Himmelfarb

S-240

50-10996

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50-10996

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): HYMAN SIEGEL

2. DATE OF DEATH: 12-24-50

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Lutheran Hospital
C. Length of stay in Baltimore: Yrs. 46 Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 13-02
D. STREET ADDRESS (If rural, give location): 624 West North Ave

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH:
9. AGE (In years last birthday): 70 — If Under 1 Year: Months: Days: — If Under 24 Hours: Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10B. KIND OF BUSINESS OR INDUSTRY: Grocer
11. BIRTHPLACE (State or foreign country): Russia
12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Jerome
14. MOTHER'S MAIDEN NAME: Bessie

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown):
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Sarah Siegel — ADDRESS: Same

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH:

DUE TO

ANTECEDENT CAUSES

(B) Coronary Thrombosis

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C) —

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. —

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May, 1946 *to* Dec 18, 1950 *that I last saw the deceased alive on* Dec 18, 1950 *and that death occurred at* 5 P *m., from the causes and on the date stated above.*

23A. SIGNATURE: Abraham Schapiro M. D.
23B. ADDRESS: 2028 Eutaw Place
23C. DATE SIGNED: Dec 26, 50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12-25-50
24C. NAME OF CEMETERY OR CREMATORY: Mt Carmel
24D. LOCATION (City, town, or county) (State): Balto Md

DATE RECEIVED BY LOCAL REGISTRAR: DEC 25 1950
REGISTRAR'S SIGNATURE:
25. FUNERAL DIRECTOR: Jack Lewis Inc
ADDRESS: 2100 Eutaw Pl

VS 150

2906A

94a

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Shapiro
2028

B-620

50-10997

BIRTH NO.

BRISCOE

CERTIFICATE CORRECTED 12-28-50

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 50-10997

1. NAME OF DECEASED (Type or Print): Anita Briscoe

2. DATE OF DEATH: December 23, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): THE JOHNS HOPKINS HOSPITAL

C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY: St Marys.
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Charlotte Hall
D. STREET ADDRESS (If rural, give location): 6800

5. SEX: Female

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 2-7-14

9. AGE (In years last birthday): 36 yrs

If Under 1 Year: Months | Days

If Under 24 Hours: Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country):

12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Joe Brown ?

14. MOTHER'S MAIDEN NAME: Alice Savoy ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No

(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: No

17. INFORMANT: James Briscoe

ADDRESS: THE JOHNS HOPKINS HOSPITAL Charlotte Hall, Md.

MEDICAL CERTIFICATION

1B. 600.0

CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) chronic pyelonephritis.

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 10-30, 1950 *to* 12-23, 1950 *that I last saw the deceased alive on* 12-23, 1950. *and that death occurred at* 9 45 P.m., *from the causes and on the date stated above.*

23A. SIGNATURE: Suzanne A. Barondess M. D.

23B. ADDRESS: THE JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED: 12/24/50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial

24B. DATE: 12/26/50

24C. NAME OF CEMETERY OR CREMATORY: St Mary's

24D. LOCATION (City, town, or county) (State): Bryantown Md.

DATE RECEIVED BY LOCAL REGISTRAR:

REGISTRAR'S SIGNATURE:

25. FUNERAL DIRECTOR: H Hunt & Ryon

ADDRESS: Waldorf, Md.

VS 150

133a

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

E 3 45

50-10998

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50-10998
Registered No.

1. NAME OF DECEASED (Type or Print): Edelen, Bentel

2. DATE OF DEATH: 12-23-50

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Provident
C. Length of stay in Baltimore: Yrs. Mos. Days: Life

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY: Q a Co
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): Crownsville 5200

5. SEX: Male
6. COLOR OR RACE: C
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify):
8. DATE OF BIRTH: Dec 23 1895
9. AGE (In years last birthday): 55
If Under 1 Year: Months / Days
If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Invalid
10B. KIND OF BUSINESS OR INDUSTRY: none
11. BIRTHPLACE (State or foreign country): Baltimore. Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Harry Edelen
14. MOTHER'S MAIDEN NAME: Mary M. Johnson

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown):
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Mrs Esther V. Robinson
ADDRESS: 2500

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Prolonged Intestinal Obstruction — INTERVAL BETWEEN ONSET AND DEATH: undetermined

DUE TO

(B) Mesenteric Adhesions

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

570.5

19A. DATE OF OPERATION: 12-23-50
19B. MAJOR FINDINGS OF OPERATION: Dense Adhesions Obstructing Small Intestines
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify): No
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12-19-, 1950, *to* 12-23-, 1950, *that I last saw the deceased alive on* 12-23-, 1950, *and that death occurred at* 3:47 *a.m., from the causes and on the date stated above.*

23A. SIGNATURE: J. Mark Coy M. D.
23B. ADDRESS: 1514 Division
23C. DATE SIGNED: 12-23-50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12/27/50
24C. NAME OF CEMETERY OR CREMATORY: Mt. Auburn
24D. LOCATION (City, town, or county) (State): Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR: DEC 25 1950
REGISTRAR'S SIGNATURE: Austin G. Williams M.D.
25. FUNERAL DIRECTOR: Holland Funeral Home
ADDRESS: 1631 Druid Hill Ave.

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

B-620

50-10999
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 50-10999

1. NAME OF DECEASED (Type or Print): LOUISE BURK

2. DATE OF DEATH: December 21, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1023 N. Caroline Street
c. Length of stay in Baltimore: 40 Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 7-04
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 1023 N. Caroline Street

5. SEX: female
6. COLOR OR RACE: colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Dec. 27, 1894
9. AGE (In years last birthday): 56
If Under 1 Year: Months: Days
If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Mecklenburg Co. Va
12. CITIZEN OF WHAT COUNTRY? U. S.
13. FATHER'S NAME: Scott Beard
14. MOTHER'S MAIDEN NAME: Mariah Barkenville
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Mr. John Burks
ADDRESS: 1023 Caroline St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Hypertensive arteriosclerotic cardiovascular disease

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* Inquiry & Inspection (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☒, *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

23A. SIGNATURE: Stanley K. Dunladen M.D.
23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR ☐
23C. DATE SIGNED: Dec. 22, 1950

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12/26/50
24C. NAME OF CEMETERY OR CREMATORY: Arlington Mem. Pk.
24D. LOCATION (City, town, or county) (State): Balto Md.

DATE RECEIVED BY LOCAL REGISTRAR: DEC 26 1950
REGISTRAR'S SIGNATURE: Martin Williams M.D.
25. FUNERAL DIRECTOR: Holland Funeral Home
ADDRESS: 1631 Druid Hill Ave.

VS 151

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

B 610

50-11000

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X

Registered No. 50-11000

1. NAME OF DECEASED (Type or Print): Ann Barbee

2. DATE OF DEATH: Dec 25, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Hosp. for Women of Maryland
C. Length of stay in Baltimore: 13 Days (~~Yrs.~~ ~~Mos.~~)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: W. Va.
B. COUNTY: V-45
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Thomas
D. STREET ADDRESS (If rural, give location):

5. SEX: F
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): M
8. DATE OF BIRTH: 3-13-26
9. AGE (In years last birthday): 29 yr | If Under 1 Year: Months | Days | If Under 24 Hours: Hours | Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife
10B. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Brotwon, W. Va.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Charles Ketterman
14. MOTHER'S MAIDEN NAME: Unknown ?
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Tony Barbee ADDRESS:

MEDICAL CERTIFICATION

18. 592X

CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Uremia

DUE TO

ANTECEDENT CAUSES

(B) Chronic glomerular nephritis

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

~~DUE TO~~ And

(C) Exfoliative Dermatitis

INTERVAL BETWEEN ONSET AND DEATH

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec 2, *, 1950, to* Dec 25 *, 1950, that I last saw the deceased alive on* Dec 24 *, 1950, and that death occurred at* 2:25 A *m., from the causes and on the date stated above.*

23A. SIGNATURE: Velda J. Huber M. D.
23B. ADDRESS: Hosp. for Women of Md.
23C. DATE SIGNED: 12/25/50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12-27-50
24C. NAME OF CEMETERY OR CREMATORY: Thomas W. Va
24D. LOCATION (City, town, or county) (State): Thomas, W. Va

DATE RECEIVED BY LOCAL REGISTRAR: DEC 29 1950
REGISTRAR'S SIGNATURE: [illegible]
25. FUNERAL DIRECTOR: Howard H Hubard ADDRESS: 2503 Edmondson Ave

VS 150

1318